**CHILDRENS REFERRAL E-FORM**

**\*\*Please email to** **referral@laurelplace.com.au** **\*\***

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|  |

**DATE OF REFERRAL:**

**Surname:**  **First Name**:

DOB: Age: Female [ ]  Male [ ]  Non-Binary [ ]

**Does Client identify as a First Nations person?** YES [ ]  NO [ ]

**Indigenous Status**: [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Not Stated

**Does Client identify as CALD (culturally and linguistically diverse?)** NO [ ]  YES [ ]

If YES, please specify:

Birth Mothers Name:

Birth Father’s Name:

**Please specify any Disability the child has**:

|  |  |
| --- | --- |
| **Who is the child living with (list all household members)?**  | **Relationship to child:** |
| 1.
 |   |
| 1.
 |   |
| 1.
 |   |
| 1.
 |   |
| 1.
 |   |

**Childs Address**:

**P/Code**:

**Parent/Carer name (contact person):**

**Home Ph**: **Mobile**: **Email**:

**Is client (and/or parent/caregiver) aware of and consenting to referral to Laurel Plac****e?**

**YES** [ ]  **NO** [ ]  - If NO, please obtain consent before referring

**AUTHORISED CONTACTS AND INFORMATION SHARING:**

Please provide details of any other people or services the client would like us to communicate with about their engagement with our service. This may include a carer, partner, non-custodial parent, legal guardian, or other support services they are currently working with.

If there are *Family Law Orders* or other legal/parental arrangements in place, please let us know and *provide us with a copy*, as we are required to sight these before sharing information or engaging with non-custodial parents.

This information helps us ensure we are supporting clients safely, respectfully, and in line with their wishes and any legal requirements.

|  |
| --- |
| AUTHORISED PERSON/S: |
| Name: |   |
| Relationship to client:  |   |
| Contact number:  |   |
| Name: |   |
| Relationship to client: |   |
| Contact number: |   |
| Name: |   |
| Relationship to client: |   |
| Contact number: |   |

**REFERRAL SOURCE:**

**Referring Agent/Service**:

**Referrer’s Name**: **Phone**:

**Email**:

[ ]  Department of Child Safety

[ ]  QLD Police

[ ]  Other Government (please specify):

1. **REASON FOR REFERRAL**:

[ ]  Child Sexual Assault

[ ]  Sexualised / sexually abusive behaviours

[ ]  Protective Behaviours

1. **Details of Sexual Abuse or Sexualised Behaviours:**

Click or tap here to enter text.

1. **When did the most recent assault or sexualised behavior occur?**

 [ ]  Within 1 week [ ]  1 month [ ]  6 months [ ]  1 year [ ]  more than 1 year [ ]  Ongoing [ ]  Unknown

1. **CURRENT RISK/SAFETY ISSUES OR CONCERNS:**

Is there contact with the alleged offender?

 **NO** [ ]   **YES** [ ]  - If yes, please provide:

* **Nature of/reason for contact**: Click or tap here to enter text.
* **Any additional information**: Click or tap here to enter text.

Is there contact with other children where sexualised behaviours are occurring?

 **NO** [ ]   **YES** [ ]  - If yes, please provide:

* **Nature of contact**: Click or tap here to enter text.
* **Safety planning around contact (if any)**: Click or tap here to enter text.

Are there any Family Protective Factors?

 **NO** [ ]  **YES** [ ]  - If yes, please specify: Click or tap here to enter text.

Is there any Domestic and Family Violence?

 **NO** [ ]  **YES** [ ]  - If yes, please provide:

* **Details of current/recent DFV and risk**: Click or tap here to enter text.
* **Are there any Domestic Violence Orders (DVO) or Protection Orders in place?**
 **NO** [ ]  **YES** [ ]  - If yes, please specify: Click or tap here to enter text.
* **Current safety concerns, safety planning or protective measures in place**: Click or tap here to enter text.
* **Are supports currently in place for risk management (e.g. crisis DFV service)?**
 **NO** [ ]  **YES** [ ]  - If yes, please specify: Click or tap here to enter text.
1. **Has a Notification to The Department of Child Safety Been Made?**

 **NO** [ ]  - If no, please explain reasoning: Click or tap here to enter text.

 **YES** [ ]  - If yes, please provide:

* **Name of Child Safety Officer (if known)**: Click or tap here to enter text.
* **Length and nature of CS involvement**: Click or tap here to enter text.
* **Additional information**: Click or tap here to enter text.
1. **Are there any Family Law Court Orders, DVO’s or Protection Orders?**

**NO** [ ]  **YES** [ ]  - If yes, please specify:

* + **Type of Order/s + details**: Click or tap here to enter text.

\**If yes to Family Law Court please provide a copy of any Orders for sighting*

1. **Primary Parental Responsibility is held by**: Click or tap here to enter text.
2. **Has the QLD Police Child Protection Investigation Unit (CPIU) Been Notified?**

 **NO** [ ]  – If no, please indicate reason why:Click or tap here to enter text.

 **YES** [ ]  – If yes, please provide:

* + **Police Officer involved (if known)**:Click or tap here to enter text.
	+ **Outcome/Status of investigation (if known)**:Click or tap here to enter text.

|  |  |
| --- | --- |
|  Impact of Abuse to Child |  If yes, please specify nature, duration, frequency: |
|  Suicidal Ideation  |[ ]    |
|  Self-Harm |[ ]    |
|  Eating issues/Disorder |[ ]    |
|  Depressed mood/withdrawn |[ ]    |
|  Bed wetting |[ ]    |
|  Sleep disturbances |[ ]    |
|  Anger or aggression |[ ]    |
|  Dissociation (day dreaming) |[ ]    |
|  Guilt/Shame |[ ]    |
|  Anxiety |[ ]    |
|  Other:  |[ ]    |

1. **Please list any other supports or services currently involved with child, specifying contact person & contact details**:

Click or tap here to enter text.

1. **Further Relevant Information**: Click or tap here to enter text.

**NAME***:*  ***Signature****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Thank you 😊*