**CHILDRENS REFERRAL E-FORM**

**\*\*Please email to** [**referral@laurelplace.com.au**](mailto: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:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**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 😊*