|  |  |  |
| --- | --- | --- |
| FaCS_logo_2 lines_RGB | |  | | --- | | Brighter Futures Community Referral Form | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A – Referrer Details | | | | |
| **Name** |  | | **Relation to Family** |  |
| **Service Name & address (if applicable)** |  | **Phone** |  | |
| **Email** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| B – Consent to provide referral information | | | |
| Have the parents, authorised carers, children, young person (aged 14 years and over) agreed to a referral? | **Yes** | **No** | If **NO**, referral **cannot** proceed |
| Have all affected family members (aged 14 years and over) given consent for personal information to be collected and shared with service provider? | **Yes** | **No** | If **NO**, **obtain consent** before proceeding |

|  |
| --- |
| C – Parent or authorised carer details |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Parent/Authorised carer 1** | | | |
| **Name** |  | **Address** |  |
| **Relationship to Child**  **Cultural and Linguistic Background** |  | **Interpreter Required? (If YES state language)**  **Identify as Aboriginal/Torres Straight Islander** |  |
| **Birth date** |  | **Specific needs (e.g. disability).** |  |
| **Phone** |  |
| **Parent/Authorised carer 2\*** | | | |
| **Name** |  | **Address (if different from carer 1)** |  |
| **Relationship to Child**  **Cultural and Linguistic Background** |  | **Interpreter Required? (If YES state language)**  **Identify as Aboriginal/Torres Straight Islander** |  |
| **Birth date** |  | **Specific needs (e.g. disability)** |  |
| **Phone** |  |

\*Please attach a separate sheet for details of any other relevant household members as appropriate.

\*Please attach a separate sheet for details of any other relevant adults/carers

| D – Children’s details |
| --- |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Name** |  | | | **Gender** |  | **Specific needs (e.g. disability)** |  |
| **Birth date** |  | **Age** |  | **Address (if different from carer)** | |  | |
| **Cultural & Linguistic Background** |  | | | **Identifies as Aboriginal or Torres Straight Islander** | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2** | **Name** |  | | | **Gender** |  | **Specific needs (e.g. disability)** |  |
| **Birth date** |  | **Age** |  | **Address (if different from carer)** | |  | |
| **Cultural & Linguistic Background** |  | | | **Identifies as Aboriginal or Torres Straight Islander** | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3** | **Name** |  | | | **Gender** |  | **Specific needs (e.g. disability)** |  |
| **Birth date** |  | **Age** |  | **Address (if different from carer)** | |  | |
| **Cultural & Linguistic Background** |  | | | **Identifies as Aboriginal or Torres Straight Islander** | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4** | **Name** |  | | | **Gender** |  | **Specific needs (e.g. disability)** |  |
| **Birth date** |  | **Age** |  | **Address (if different from carer)** | |  | |
| **Cultural & Linguistic Background** |  | | | **Identifies as Aboriginal or Torres Straight Islander** | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5** | **Name** |  | | | **Gender** |  | **Specific needs (e.g. disability)** |  |
| **Birth date** |  | **Age** |  | **Address (if different from carer)** | |  | |
| **Cultural & Linguistic Background** |  | | | **Identifies as Aboriginal or Torres Straight Islander** | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6** | **Name** |  | | | **Gender** |  | **Specific needs (e.g. disability)** |  |
| **Birth date** |  | **Age** |  | **Address (if different from carer)** | |  | |
| **Cultural & Linguistic Background** |  | | | **Identifies as Aboriginal or Torres Straight Islander** | |  | |

\*Please attach a separate sheet for details of any other relevant children

|  |
| --- |
| E – Referral Issues |
| **Referral Criteria** *(To be eligible for Brighter Futures, families must have at LEAST one child under 9, and be experiencing one or more of the following vulnerabilities – domestic and family violence, drug or alcohol misuse, parental mental health issues, parents with significant learning difficulties or intellectual disabilities, parental mental health issues, or lack of parenting skills or inadequate supervision. Please outline the issues the family is currently experiencing that might benefit from work with Brighter Futures).* |
|  |
| **Service History** *(Please outline any known service history for the family, including details of services currently or historically engaged with).* |
|  |

| F – Safety and Risk Issues | | | | |
| --- | --- | --- | --- | --- |
| Are there any issues about the home location or family circumstances that may pose a risk to a worker’s safety? | **Unknown** | **No** | **Yes** | If **YES**,provide details |
| Does any of the information provided in this referral suggest that a risk of significant harm report to the Child Protection Helpline should be made? | **Unknown** | **No** | **Yes** | If **YES**, the mandatory reporter guide should be completed and if indicated a report made to the child protection helpline. |

| G – Referral approval and acceptance | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Brighter Futures Manager Accepts Referral** *(following referral processing by Brighter Futures Unit)* | **Name** | **Signature** |  | **Date** |  |