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| **CONSENT TO WORK WITH CHILDREN AND YOUNG PEOPLE (Separate sheet)** |
| * I give Family Life permission to work with my child. * I understand all relevant information collected will be recorded and stored under secure conditions. * I understand that under legislative requirements, serious risk to a child or others may need to be reported to relevant statutory authorities, or be subject to the sharing of information with relevant services / agencies. Where possible and appropriate this will be undertaken in consultation with the parent, guardian or caregiver of the child. * I understand Family Life is obliged to follow professional and legal requirements where my child’s information is subpoenaed by the Courts. * I understand that information collected regarding the service will be accessible by Family Life staff relevant to the service. * I provide consent for information relevant to the service to my child to be shared between Family Life and ……………………………………………………….. (e.g., school/other referrer). Where I consider it beneficial to my child, I also provide consent for information to be shared between Family Life and other service providers **as specifically named** in the table on the next page. * I confirm that I have received the Family Life Client Information Brochure, and contact details of the Family Life practitioner have been provided. I understand that I can contact the practitioner, or the practitioner’s Team Leader or Program Manager at Family Life if I have any queries regarding the service provided.   **Information sharing**   * For a child, information sharing legislation may be used to provide and share information for the purpose of promoting a child's wellbeing or safety.   Child/Adolescent’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**D.O.B: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***The service has been explained to the child/adolescent and consent received from them:*** |
| **Caregiver/ Guardian details\***  Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Telephone: (H) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (M) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *\*Where a Court Order is in place stipulating consent from both parents is required for counseling, consent from the second parent is also required. Please indicate whether such Court Order exists:*  *Yes: No:*  Practitioners name and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Practitioner’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School or service provider facilitating Caregiver consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location service will be provided:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2. Consent for Information Uses and Disclosures *(Continued from prior page - use only if required)***

In order to receive the best possible care, consent for information provision to the following services is provided:

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| **Type of Service** | **Name of Service/Agency** | **Type of Information**  *(For example:*  *- All relevant Information*  *- Contact details only)* | **Parent signature to consent to information provision** |
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**For use with groups, and/or where children are seen without parent or other supervisory structure (such as where counseling is undertaken at a school, with school authority over emergency contact procedures).** *Practitioner to indicate: Emergency contact information not collected due to school or other organisation able to take responsibility for emergency contact:*

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| **EMERGENCY CONTACTS (Separate Sheet)** |
| In the event that I cannot be contacted, I authorize the following person/s to:   * collect or authorize the collection of my child from Family Life * administer, or authorize the administration of medication to my child * administer, medical treatment or authorize medical treatment by another to my child * be notified of any accident, injury, trauma or illness involving my child     Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Relationship to child: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Telephone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Relationship to child: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Phone: (H) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **IN THE EVENT OF A MEDICAL EMERGENCY** |
| I authorise the person in charge to seek medical, hospital or an ambulance service. I understand that  this is a requirement before my child may attend individual or group programs facilitated by the service,  and I agree to pay any cost so incurred.  Signed: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Please complete the following details of your child’s Doctor:  Doctor: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Phone number: (H) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (M) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**For use with group activities or events**

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| **PHOTO CONSENT- Group specific** | | | |
| ***Please circle***    I do / do not give permission for photos to be taken of my child and myself during a Family Life activity.  I do / do not give permission for photos with my child and me in them to be shared amongst the group who participated in the activity. I understand that these photos will become the possession of each group member.  I do / do not give permission for photos with my child and/or me in them to be displayed within Family Life Services, or used in Family Life publications. Note that no names will be used in reference to photographs if used in publications or displays.    ***Please tick below where you give permission for your photos to be used?*** | | | |
| Family Life Website: |  | Family Life Research: |  |
| Family Life Publications: |  | Family Life Presentations: |  |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Permission withdrawn**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

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| **REFERRAL DETAILS (Parent or Worker)** | | | | | | | | |
| Date of referral: |  | | | Name of the person completing the referral): | |  | | |
| Agency :  Location of service: |  | | | Practitioners name and contact details: | |  | | |
| **CHILD’S INFORMATION** | | | | | | | | |
| Child’s Name: | |  | | | | DOB: |  | |
| Age: |  | |
| Gender: | Male / Female | |
| Parent/Guardian/Usual Caregivers Name: | |  | | | | | | |
| Relationship to Child: | |  | | | | CaregiverDOB: |  | |
| Address: | |  | | | | | | |
| Phone No: | | (H) | | | (M) | | | |
| Country of Birth: | |  | | | Date of arrival in Australia: | |  | |
| Language/s Spoken: | |  | | | Interpreter required? | | Yes / No | |
| Cultural Identity: | | Aboriginal or Torres Strait Islander (Circle) | | | | | | |
| **FAMILY** | |  |  | | |  | | |
| Family Type *(please tick)*: | | | | | | | | |
| Single Carer / parent: | |  | Guardian: | | |  | | |
| Couple with children: | |  | Other family type (please state): | | |  | | |
| Number of siblings: | |  | Name/s of siblings, DOB and ages: | | |  | |  |
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| **CARE ARRANGEMENTS** | | | | | | | | |
| Shared Care? | | Yes / No | If Yes, frequency | | |  | | |
| Custody Arrangements | |  | | | | | | |
| Are DHS/ Child Protection involved? | | Yes / No | If Yes, provide details | | |  | | |
| Child Protection Contact Details: | |  | Phone No: | | |  | | |

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| **OTHER LEGAL:** **Is there a current Intervention Order. If YES, please provide details.** | |
| Please give details below- Exclusion order / are the child/ren listed on the intervention order: | Yes / No |
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| **HOUSING** | | | | |
| What type of accommodation are you currently staying in? *(please tick)* | Crisis accommodation |  | Private rental |  |
| Transitional housing |  | Own property |  |
| Living with friends |  | Other *(please give details below)* |  |
| Other: | | | | |
| Number of homes/ moves the child has experienced in the past 2 years? | | | |  |

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| **PRESENTING ISSUES / FAMILY HISTORY / FAMILY VIOLENCE** | |
| Outline the presenting issues, family history and family strengths.  Has family violence been experienced by the family currently or in the past?  If YES, please provide details and dates below? Outline types of violence and if violence is experienced directly or observed by the child / adolescent. | Yes / No |
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| **EDUCATION** | | | |
| The school the child currently attends / type of education: |  | Number of schools the child has attended in the past 2 years |  |
| Enrolled/ attending  *(please tick)* |  | Not enrolled  *(please tick)* |  |
| Enrolled/ not attending  *(please tick)* |  | Home schooled  *(please tick)* |  |

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| **HEALTH, MEDICATION AND ALLERGIES** | |
| Does the child have any significant health/ mental health concerns or physical disabilities, allergies, medications, and dietary requirements? | |
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| **IMMUNISATION STATUS** | |
| Is the child’s immunisations up to date? | Yes / No |
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| **DRUGS/ ALCOHOL** | |
| Are there any relevant AOD issues for the family?  If YES please give details: | Yes / No |
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| **AGENCY SUPPORT** | |
| Are there any other agencies currently working with the child? If yes, who and what assistance are they providing? | Yes / No |
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| **SOCIAL, EMOTIONAL WELLBEING AND BEHAVIOUR** |
| List in detail up to three of the most significant difficulties the child is having (e.g. changes in behaviour, withdrawing, grief and loss, fear/ anxieties, sleeping, aggression, school refusal, bullying and bedwetting): |
| 1 |
| 2 |
| 3 |
| What activities and places does your child like to go to and do with their friends and/ or family? (E.g. activities, interests, sports, special skills?) |
|  |
| How would you describe your child’s relationship with peers? Do they have friends at school (age of peers, follower, leader, extrovert, introvert and isolated)? |
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| How does your child resolve conflict with family members and/or peers (negotiates, withdraws, yells, hits)? |
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| **INDIVIDUAL AND /OR GROUP WORK INVOLVEMENT** |
| Outline the service. How do you believe this service will benefit this child?  What outcomes would you like to see for the child at the end of the work? |
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| **OTHER** |
| Please provide any additional information you feel is relevant to your child participating in this service? |
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