

Yerrabi Yurwang Child & Family Aboriginal Corporation Referral Form

All completed referrals must be sent to: referrals@yerrabi.org.au

Referral Type

☐ **Service Provider:** Professionals working with Aboriginal families and/or community members.

➤ If you are making a referral as a service provider, please commence at **Section 1** of this form.

☐ **Self-Referral:** Aboriginal families and/or community members seeking support directly.

➤ If you are making a self-referral, please proceed directly to **Section 2** of this form.

Section 1: Referring Organisation Details

1.1 — Service Providers/ Professionals

Worker name:

Organisation name:

Email:

Mobile:

Are you currently working with the person/ family:

Referral date:

Yes ☐

No ☐

Has the person/family
consented to this referral?

Yes ☐

**Please attach proof of consent upon
submission of referral**

No ☐

If no, referral cannot proceed

Section 2: Client / Family Information

2.1 — Primary Client Details

Aboriginal ☐
Nation/s:

Torres Strait Islander ☐

Neither ☐

First Name:

Last Name:

Date of Birth (DOB):

Gender Identity:

Address:

Mobile:

Email:

2.2 — Additional Adult Details (if applicable)

Aboriginal ☐

Torres Strait Islander ☐

Neither ☐

Nation/s:

First Name:

Last Name:

Date of Birth (DOB):

Gender Identity:

Address:

Mobile:

Email:

2.3 — Childrens Details

Child/Young Person's Full Name:

Aboriginal ☐

Torres Strait Islander ☐

Neither ☐

Nation/s:

➤ DOB:

➤ Parent/Carer/ Legal Guardian Name:

➤ Gender Identity:

➤ Parent/Carer/ Legal Guardian Relationship to Child:

Child/Young Person's Full Name:

Aboriginal ☐

Torres Strait Islander ☐

Neither ☐

Nation/s:

➤ DOB:

➤ Parent/Carer/ Legal Guardian Name:

➤ Gender Identity:

➤ Parent/Carer/ Legal Guardian Relationship to Child:

Child/Young Person's Full Name:

Aboriginal ☐

Torres Strait Islander ☐

Neither ☐

Nation/s:

➤ DOB:

➤ Parent/Carer/ Legal Guardian Name:

➤ Gender Identity:

➤ Parent/Carer/ Legal Guardian Relationship to Child:

** If required, please attach additional children's information as separate document**

Section 3: Reason for Referral

Please identify the primary reasons for your referral, provide as much detail as possible.

Section 4: Client / Family Challenges & Support Requested

For each challenge, tick the appropriate box and provide details on current circumstances, and the type of support requested.

Domestic and/or
Family Violence

Yes ☐

No ☐

Unsure ☐

Details:

Alcohol and/or
Substance Use

Yes ☐

No ☐

Unsure ☐

Details:

Child Protection
(CYF) and/or Youth
Justice Involvement

Yes ☐

No ☐

Unsure ☐

Details:

Housing and/or
Homelessness
Challenges

Yes ☐

No ☐

Unsure ☐

Details:

Legal Support &
Court Matters

Yes ☐

No ☐

Unsure ☐

Details:

Employment
Challenges and/or
Financial Hardship

Yes ☐

No ☐

Unsure ☐

Details:

Health, Wellbeing &
Mental Health
Challenges

Yes ☐

No ☐

Unsure ☐

Details:

Parenting Skills,
Family Wellbeing
and/or Family
Connection

Yes ☐

No ☐

Unsure ☐

Details:

Education Access,
Disengagement or
Challenges

Yes ☐

No ☐

Unsure ☐

Details:

Learning,
Behavioural, or
Developmental
challenges (including
disabilities)

Yes ☐

No ☐

Unsure ☐

Details:

Domestic and/or
Family Violence
and/or Sexual Abuse

Yes ☐

No ☐

Unsure ☐

Details:

Other

Yes ☐

No ☐

Unsure ☐

Details:

Worker Safety Considerations

Are there any
worker safety
concerns or
considerations?

Yes ☐

No ☐

Unsure ☐

Details:

Other Support Services/Organisations

Are any other
services or
organisations
currently involved,
and/or have other
referrals been made
for additional
support?

Yes ☐

No ☐

Unsure ☐

Organisation
Name

Worker

Phone or Email

Length of
Involvement

Declaration

I confirm that the information provided in this referral is true and correct to the best of my knowledge.

- **For self-referrals**, I declare that I am providing this information about myself (or my child/family) and consent to its use for the purposes of assessing this referral and accessing relevant support services.
- **For service provider referrals**, I declare that I have obtained the informed consent of the client (or their legal guardian) to share their personal information as part of this referral and that the client/family understands the purpose of the referral and how their information will be used.

Name:

Signature: _____

Date:

Where to send this referral

Please email the completed referral form, consent confirmation and any relevant documentation to:

referrals@yerrabi.org.au

For any questions, please contact the Yerrabi Yurwang Intake Officer on 0400 123 258

Privacy Statement

All information provided in this referral form will be treated with the utmost confidentiality and managed in accordance with the Privacy Act 1988 (Cth), the Australian Privacy Principles (APPs), and [Yerrabi Yurwang's Privacy Policy](#). Personal information collected through this form will only be shared with authorised personnel or third parties where required by law or where explicit consent has been provided by the client. Clients have the right to access and correct their personal information held by Yerrabi Yurwang. If a client wishes to withdraw their consent or has concerns about how their information is being handled, they are encouraged to contact Yerrabi Yurwang directly.