

Yerrabi Yurwang Child & Family Aboriginal Corporation Referral Form

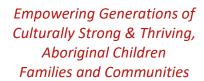
All completed referrals must be sent to: referrals@yerrabi.org.au

Referral Type						
☐ Service Provider: Professionals Aboriginal families and/or commu	_	☐ Self-Referral: Aboriginal families and/or community members seeking support directly.				
➤ If you are making a referral as a please commence at Section 1	•	If you are making a self-referral, please proceed directly to Section 2 of this form.				
	estion 1. Defen	ing Ourseling b	atalla.			
		ing Organisation D	etalis			
1.1 — Service Providers/ Profe	essionals					
Worker name:	Organisation name:					
Email:	Mobile:					
Are you currently working with the person/ family: Referral date: Yes \Box No \Box						
Has the person/family consented to this referral?	Yes □ *Please attach pro submission of refe	oof of consent upon erral*	No □ *If no, referral cannot proceed*			
	Section 2: C	lient / Family Infor	mation			
2.1 — Primary Client Details						
Aboriginal □ Nation/s:	Torres Strait Isla	ander □	Neither □			
First Name:		Last Name:				
Date of Birth (DOB):		Gender Identity:				
Address:		Mobile: Email:				



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2.2 — Additional Adult Details (if applicable)				
Aboriginal □	Torres Strait Islander □ Neither □			
Nation/s:				
ivacion, 3.				
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 Isla				
➤ DOB:	Parent/Carer/ Legal Guardian Name:			
> Gender Identity:	Parent/Carer/ Legal Guardian Relationship to Child:			
Child/Young Person's Full Name:				
Aboriginal ☐ Torres Strait Isla	nder □ 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 Isla	nder □ Neither □ Nation/s:			
DOB:	Parent/Carer/ Legal Guardian Name:			
Gender Identity:	Parent/Carer/ Legal Guardian Relationship to Child:			
* If requi	red, 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 tick the appropriate box and provide details on current circumstances, and the type of support

	<u> </u>	<u> </u>
Domestic and/or	Yes □	Details:
Family Violence	No □	
	Unsure □	
Alcohol and/or	Yes □	Details:
Substance Use	No □	
	Unsure \square	
Child Protection (CYF) and/or Youth	Yes □	Details:
Justice Involvement	No □	
	Unsure □	
Housing and/or	Yes □	Details:
Homelessness Challenges	No □	
Ü	Unsure □	
Legal Support & Court Matters	Yes □	Details:
	No □	
	Unsure \square	
Employment	Yes □	Details:
Challenges and/or Financial Hardship	No □	
	Unsure □	
Hoolth Wallhains 9	V	Details:
Health, Wellbeing & Mental Health	Yes □	Details:
Challenges	No □	
	Unsure □	
Parenting Skills,	Yes □	Details:
Family Wellbeing and/or Family Connection	No □	
	Unsure □	





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 Safet	y Consideratio	ns		
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.



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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 <u>Yerrabi Yurwang's Privacy Policy</u>. 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.