

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 Details:

No

Unsure

Alcohol and/or Substance Use Yes Details:

No

Unsure

Child Protection (CYF) and/or Youth Justice Involvement Yes Details:

No

Unsure

Housing and/or Homelessness Challenges Yes Details:

No

Unsure

Legal Support & Court Matters Yes Details:

No

Unsure

Employment Challenges and/or Financial Hardship Yes Details:

No

Unsure

Health, Wellbeing & Mental Health Challenges Yes Details:

No

Unsure

Parenting Skills, Family Wellbeing and/or Family Connection Yes Details:

No

Unsure

Education Access, Disengagement or Challenges	Yes <input type="checkbox"/>	Details:
	No <input type="checkbox"/>	
Learning, Behavioural, or Developmental challenges (including disabilities)	Yes <input type="checkbox"/>	Details:
	No <input type="checkbox"/>	
	Unsure <input type="checkbox"/>	
Other	Yes <input type="checkbox"/>	Details:
	No <input type="checkbox"/>	
	Unsure <input type="checkbox"/>	

Worker Safety Considerations				
Are there any worker safety concerns or considerations?	Yes <input type="checkbox"/>	Details:	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Other Support Services/Organisations				
Are any other services or organisations currently involved, and/or have other referrals been made for additional support?	Yes <input type="checkbox"/>	Organisation Name	Worker	Phone or Email
	No <input type="checkbox"/>			
	Unsure <input type="checkbox"/>			

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.