|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | | |
| **Referrer on behalf of the young person and family** | | | |
| **Name** | **Agency** | **Role** | **Contact details** |
|  |  |  |  |

**Family Composition and Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of parents/carers**  **Parents/carers first language**  **Parents/carers ethnicity**  **Parental Responsibility**  **Contact Number**  **Primary Address** |  | **Names of parents/carers**  **Parents/carers first language**  **Parents/carers ethnicity**  **Parental Responsibility**  **Contact Number**  **Primary Address** |  |
| **Child’s name**  **Date of birth**  **Child’s first language**  **Child’s ethnicity**  **Contact Number**  **Primary Address** |  | **Child’s name**  **Date of birth**  **Child’s first language**  **Child’s ethnicity**  **Contact Number**  **Primary Address** |  |
| **Child’s name**  **Date of birth**  **Child’s first language**  **Child’s ethnicity**  **Contact Number**  **Primary Address** |  | **Child’s name**  **Date of birth**  **Child’s first language**  **Child’s ethnicity**  **Contact Number**  **Primary Address** |  |

|  |  |
| --- | --- |
| **Current Summary** | |
| Brief narrative summary of this child / young person, family and their current circumstances:  (include any potential risks and concerns): |  |
| Reason for the current referral |  |

|  |  |
| --- | --- |
| **Previous Agency Intervention** | **Current Agency Intervention** |
| Name(s) and Contact information | Name(s) and Contact information |
| Services Provided | Services Provided |

|  |  |  |
| --- | --- | --- |
| **Safety, Wellbeing and Belonging Domains** | | |
| ***Domain*** | ***What Is Working Well*** | ***What We Need to Know*** |
| Physical Health |  |  |
| Emotional / Psychological Health |  |  |
| Relationships |  |  |
| Family/individual Strengths |  |  |
| Education and Personal growth |  |  |
| Community connections |  |  |
| Culture |  |  |
| Life skills |  |  |
| ***Need / Behaviour*** | | |
| Detail Specific behaviours which had led to the referral: | | |

**Privacy and Confidentiality**

YCSS adheres to the Australian Privacy Principles as outline below. Further information about the APPs can be found on the following link

<https://www.oaic.gov.au/individuals/privacy-fact-sheets/general/privacy-fact-sheet-17-australian-privacy-principles>

I understand my information will be stored in line with the Privacy and Data Protection Act 2014 and in line with YCSS Policies and procedures. YCSS is a licensed Human Services Organisation and is regulated under the Human Services Quality Framework.

|  |  |
| --- | --- |
| **Signed** (referrer): | **Date:** |