|  |  |  |  |
| --- | --- | --- | --- |
| **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:  Please include any potential risks and concerns: |  |
| Reason for the current referral: |  |
| Type of Therapy Requested (e.g. attachment based, family therapy, psychotherapy, play therapy etc)  Frequency of Sessions Requested  Number of Sessions Requested |  |
| Type of Parenting Program Requested  Circle of Security Parent  Individual Parent/s  Group (up to 8 attendees)  1-2-3 Magic and Emotion Coaching  Triple P Primary  Triple P Teen |  |

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>