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| --- | --- |
| **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** |  |

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| --- |
| 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 RequestedNumber of Sessions Requested |   |
| Type of Parenting Program RequestedCircle of Security ParentIndividual Parent/sGroup (up to 8 attendees)1-2-3 Magic and Emotion CoachingTriple P PrimaryTriple 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>