

AGENCY REFERRAL FORM FOR BRAVEHEARTS THERAPEUTIC SERVICES



When complete please return to Bravehearts. Please complete **ONE** form per client requiring support.

Fax 07 5552 3088 or E-mail intake@bravehearts.org.au

REFERRAL FROM

Organisation: _____ Location: _____

Contact Person: _____ Role: _____

Telephone: _____ Email: _____

REFERRAL FOR

Client Name: _____

Date of birth: _____ Gender: (please circle) Male / Female / Other

Identifies as: Aboriginal Torres Strait Islander Both Neither CALD

Referral Date: _____ Consent to send referral: Yes/No

Client Address _____

Client Contact Number: _____ Is Voicemail Okay? Yes / No

Primary Caregivers *(If Applicable)*

Name(s): _____

Relationship of Caregivers to the Client: _____

Caregiver's Contact Number: _____ Is Voicemail Okay? Yes / No

When working with children, Bravehearts practice is based on a holistic family systems approach. In order to achieve the best outcomes for the children and their family, it is important that parents/caregivers are engaged in the therapeutic process.

Is the parent(s)/caregiver(s) willing to engage in the counselling process to help support their child?

Yes No

Is the Primary Caregiver also the **Client's Legal Guardian**?

Yes No

***If 'No'**, please be advised all Bravehearts Consent Forms can only be completed and signed by the child(s) Legal Guardian.*

Has the alleged offender been charged?

Yes No _____

Is the client currently involved in a court process? No Yes *(please indicate)*

Criminal Court Family Law Court Youth Justice Conference
(As a young person harmed)

Are there any Family Law Court Orders in place for the client?

Yes No

If yes Bravehearts will request a copy of these Family Law Court Orders prior to engaging with the client.

Please tick any of the below boxes that also relate to this client:

- Youth Justice Involvement Child Protection Orders
 Mediation is ongoing Any DVO or AVO orders in place
 Other *(please specify below)*

Please indicate with whom this referral has been discussed:

Legal Guardian Client Primary Caregiver

For the protection of the client's privacy both now and in the future, if this client has other family members requiring support, please complete a separate Agency Referral Form for each person.

Thank you for your referral. We hope to work collaboratively with you and your organisation in the very near future towards a positive outcome for this client and their family members.