



## GENERAL AGENCY REFERRAL FORM

Please complete all sections of this form, to the best of your ability, and return to Turning Corners Intake via either;

**POST** Bravehearts Foundation PO Box 549  
Spring Hill Qld 4004

**EMAIL** scan all pages and email to  
bisl@bravehearts.org.au

**FAX** (07) 5552 3088

NAME OF YOUNG PERSON BEING REFERRED: \_\_\_\_\_

### SECTION 1 REFERRAL DETAILS

#### 1.1 DETAILS OF REFERRER

Referring agency (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

#### 1.2 SERVICE REQUESTED BY

Full name of referrer: \_\_\_\_\_

Position title: \_\_\_\_\_

Relationship to young person: \_\_\_\_\_

#### 1.3 FUNDING APPROVAL

Funding has been approved by: \_\_\_\_\_

Name: \_\_\_\_\_

Position title: \_\_\_\_\_

Address for invoice (if different to above): \_\_\_\_\_

\_\_\_\_\_

## 1.4 DETAILS OF PROFESSIONALS INVOLVED

**NOTE:** please prepare separate attachment titled *Section 1.4 Referral Form* if more space is required

Professionals <b>CURRENTLY</b> involved		
Name of professional	Role/focus of involvement	Contact number

Professionals <b>PREVIOUSLY</b> involved (if known)		
Name of professional	Role/focus of involvement	Contact number

## SECTION 2 CLIENT DETAILS

### 2.1 DETAILS OF YOUNG PERSON BEING REFERRED

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred name/s: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender identity: \_\_\_\_\_

Cultural identity: \_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_

Contact number: \_\_\_\_\_

### 2.2 FAMILY DETAILS

Parent/Carer 1: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact number: \_\_\_\_\_

Parent/Carer 2: \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact number: \_\_\_\_\_

Relationship status:  Married  De facto  Separated  Divorced

Has the parent/guardian consented to this referral and are comfortable for Turning Corners to contact them directly? Yes  No

Are there any parenting orders in place? Yes  No

Siblings (list eldest to youngest):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

People in household (if different from above): \_\_\_\_\_

### 2.3 CURRENT LIVING ARRANGEMENTS

- Parent/carers home       With relatives       Residential school  
 Foster Care       Independent living       Other: \_\_\_\_\_

### 2.4 EDUCATION

Is the young person currently engaged in education?

- No       Unsure  
 Yes       Full-time       Part-time

Name of school/college: \_\_\_\_\_

**NOTE:** Please attach any relevant education reports, marked *Section 2.4*

Has the young person been identified as having specific learning needs?

- No       Unsure  
 Yes       Please provide brief details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the young person been suspended or excluded from school?

- No       Unsure  
 Yes       Please provide brief details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2.5 DRUG AND ALCOHOL USE

Does the young person have a history of drug and alcohol use?

**NOTE:** If more space is required, please prepare on separate attachment titled *Section 2.5 History of drug and alcohol use and treatment*

No

Unsure

Suspected

 Please provide a brief overview:

Yes

 Please provide a brief history of use and treatment (if any):

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### 2.6 MENTAL HEALTH CONCERNS

Has the young person been diagnosed with a mental health issue?

No

Unsure

Suspected

 Please provide a brief overview:

Yes

 Please provide details of diagnosis and therapeutic assistance:

**NOTE:** If more space is required, please prepare on separate attachment titled *Section 2.6 Mental health details*

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Does the young person have a history of significant, patterned behavioural problems (other than those already detailed elsewhere)? If so, please elaborate:

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## SECTION 3 DETAILS OF THE ALLEGED/ACTUAL OFFENCE

### 3.1 DETAILS OF ASSAULT/ABUSE

**PLEASE NOTE:** If available, please attach a copy of the victim's statement/detailed report – the following questions are for quick statistical reference.

Indicate below the nature of the sexual behaviour (tick all that apply):

	Anal intercourse		Distribution of images (other)
	Attempted anal intercourse		Distribution of images (self)
	Attempted vaginal intercourse		Exposure
	Client engage in oral intercourse		Penetration with other object
	Client requires victim to engage in oral intercourse		Production of images (other)
	Client requires victim to masturbate him/her		Production of images (self)
	Client touches victim's genitals		Use of pornographic material
	Digital penetration		Vaginal intercourse
	Other (Please provide details)		

Date of alleged/actual assault/onset of abuse: \_\_\_\_\_

If multiple assaults, indicate length of time and frequency (approximate information is acceptable if specific details are not available): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Context (e.g whilst babysitting): \_\_\_\_\_

Location/s (e.g home, school): \_\_\_\_\_

Circumstance in which abuse was discovered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



What is the recommended/anticipated court disposal?

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**PLEASE NOTE:** If reports have been prepared for the court please attach copies together with relevant depositions/victim reports.

#### 4.2 COURT APPEARANCES

If the young person is awaiting trial, please provide the court date (or estimated date):

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If the young person is awaiting sentencing, what is the date of the final court appearance?:

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#### 4.3 PREVIOUS OFFENCES (sexual and non-sexual offences)

Date	Offence	System response



Comments on previous criminal behaviour (e.g. acted with others, use of violence, mediating factors etc.):

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**FORM COMPLETED BY:**

NAME: \_\_\_\_\_

RELATIONSHIP TO CLIENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_