



**The Courage Project**  
A BRAVEHEARTS AND MACKAY WOMEN'S SERVICES JOINT INITIATIVE

# THE COURAGE PROJECT REFERRAL FORM

TYPE OF REFERRAL: Agency      Self      QPS      Child Safety      Other

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

When complete, please return this form to [intake@bravehearts.org.au](mailto:intake@bravehearts.org.au)

## SECTION 1 REFERRAL DETAILS

### 1.1 DETAILS OF REFERRER

Name of referrer: \_\_\_\_\_

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

Relationship to client: \_\_\_\_\_

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

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

Legal Guardian Consent to referral: Yes      No

## SECTION 2 CLIENT DETAILS

### 2.1 DETAILS OF 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: \_\_\_\_\_

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

Is it safe for The Courage Project to SMS or leave a voice mail? Yes No

Parent/Carer 2: \_\_\_\_\_

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

Is it safe for The Courage Project to SMS or leave a voice mail? Yes No

Relationship status: Married De facto Separated Divorced

Is an interpreter Required? Yes No

Are there any Parenting or Family Law Court orders in place? Yes No

If yes, The Courage Project will request a copy of these Parenting or Family Law Court Orders prior to engaging with a client

Siblings (list eldest to youngest):

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

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

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

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

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

When working with children, The Courage Project are strong believers of a holistic family approach. In order to try to achieve the best outcomes for the family, it is important to have parents/caregivers engaged in our therapeutic or advocate services for education and support whilst their children are engaging with The Courage Project.

## SECTION 3 REASON FOR REFERRAL

### 3.1 REASON FOR REFERRAL

Primary Reason for Referral:

Child Sexual Assault

Physical Violence

Sexual Behaviour Problems

Suicidal Ideations

Self-Harm



Additional concerns (tick boxes):

Housing/Homelessness

Financial Concerns

Drug & Alcohol

Neglect

Emotional Abuse

### 3.2 REFERRAL DETAILS

Please provide detail summary of referral:

## SECTION 4 INVOLVEMENT OF AUTHORITIES / COURTS

### 4.1 AUTHORITY INVOLVEMENT

Has this been reported to:

Police

Child Safety

Both

None

Has the client given a statement to police?

Yes

No

Has the alleged offender(s) been charged?

Yes

No

Is the client currently involved in a court process?

Criminal Just Court

Family Law Court



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

**FORM COMPLETED BY:**

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

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

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

