



# AGENCY REFERRAL FORM

Please complete all sections of this form, to the best of your ability, and return to Turning Corners Intake via email or fax:

**EMAIL** intake@bravehearts.org.au

**FAX** (07) 5552 3088

**Please note that Turning Corners is a Fee for Service program. Fee Schedule is available upon request.**

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: \_\_\_\_\_

## 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: \_\_\_\_\_

## 2.2 FAMILY DETAILS

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

Contact Number: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

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: \_\_\_\_\_ 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 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 3** DETAILS OF THE ALLEGED/ACTUAL OFFENCE

**3.1** DETAILS OF ASSAULT/ABUSE

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

<input type="checkbox"/>	Anal intercourse	<input type="checkbox"/>	Distribution of images (other)
<input type="checkbox"/>	Attempted anal intercourse	<input type="checkbox"/>	Distribution of images (self)
<input type="checkbox"/>	Attempted vaginal intercourse	<input type="checkbox"/>	Exposure
<input type="checkbox"/>	Client engage in oral intercourse	<input type="checkbox"/>	Penetration with other object
<input type="checkbox"/>	Client requires victim to engage in oral intercourse	<input type="checkbox"/>	Production of images (other)
<input type="checkbox"/>	Client requires victim to masturbate him/her	<input type="checkbox"/>	Production of images (self)
<input type="checkbox"/>	Client touches victim's genitals	<input type="checkbox"/>	Use of pornographic material
<input type="checkbox"/>	Digital penetration	<input type="checkbox"/>	Vaginal intercourse
<input type="checkbox"/>	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:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

### 3.2 OTHER RELEVANT INFORMATION

Please provide any additional information relevant to this section:

**NOTE:** If more space is required, please prepare on separate attachment, marked *Section 3.2*

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## SECTION 4 DETAILS OF THE PERSON/S HARMED

### 4.1 DETAILS OF THE PERSON/S HARMED

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

Relationship to Young Person referred: \_\_\_\_\_

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

Relationship to Young Person referred: \_\_\_\_\_

## SECTION 5 INVOLVEMENT OF AUTHORITIES / COURTS

### 5.1 CRIMINAL JUSTICE SYSTEM INVOLVEMENT

If the young person is awaiting an outcome in the criminal justice system, please provide the following details:

Has the young person been charged with an offence?

No       Decision pending

Yes       Please provide details of charges:

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Please detail any bail conditions:

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Does the young person admit to the above mentioned offence/s?  No  Yes  
 Partly  Unknown

Is the young person to be cautioned?  No  Yes  Decision pending

Is the young person to be prosecuted?  No  Yes  Decision pending

If applicable, what was the young person's plea?  Guilty  No guilty  No plea

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.

### 5.2 COURT APPEARANCES

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

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

### 5.3 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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**SECTION 6 EDUCATION**

**6.1 EDUCATION**

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

Is the young person currently engaged in education?

- No       Unsure
- Yes       Full-time       Part-time

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

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

- No       Unsure
- Yes       Please provide brief details:

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Has the young person been suspended or excluded from school?

- No       Unsure
- Yes       Please provide brief details:

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**SECTION 7 SUBSTANCE USE**

**7.1 SUBSTANCE USE**

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

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

- No       Unsure
- Suspected       Please provide a brief overview:
- Yes       Please provide a brief history of use and treatment (if any):

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**SECTION 8 MENTAL HEALTH CONCERNS**

**8.1 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:

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

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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**FORM COMPLETED BY:**

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

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

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

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