



Child and Youth Counselling and Case Work Referral Form

Service referring to:	<input type="checkbox"/> Counselling	<input type="checkbox"/> Case Work
Location:	<input type="checkbox"/> NWCS Office	<input type="checkbox"/> Outreach: School
If a child, is caregiver aware of referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Does caregiver consent to being contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If a young person, have they consented to be referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Date of referral:		

Referrer Information	
Name	
Organisation	
Position	
Contact Number	
Email	

Child / Young Person Information	
Name	
Address	
Contact Number	
D.O.B	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____
Indigenous status	<input type="checkbox"/> Aboriginal Origin <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> None
CALD	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth	



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Parent / Guardian 1 Information	
Name	
Address	
Contact Number	
Email	
Relationship to Child / Young Person	
Indigenous status	<input type="checkbox"/> Aboriginal Origin <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> None
Country of Birth	
D.O.B	

Parent / Guardian 2 Information	
Name	
Address	
Contact Number	
Email	
Relationship to child	
Indigenous status	<input type="checkbox"/> Aboriginal Origin <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> None
Country of Birth	
D.O.B	



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Referral reasons (Please tick as many as appropriate)

- Accommodation / housing
- Homelessness
- Addiction (Alcohol / drug issues)
- Legal Issues
- Anti-social behaviour / Crime
- Isolation
- Mental Health
- Self-Harm
- Suicide Ideation / Suicide attempts
- Bullying
- Employment
- Education
- Trauma
- Abuse / Neglect
- Relationship issues / relationship breakdown
- Social / Friendship issues
- Domestic Violence
- Grief and Loss
- Health
- Other: _____
- Other: _____

Is child / young person currently accessing support / services from another organisation?

Yes No

If yes, please specify: _____



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Please provide any information relating to referral (current life circumstances, family history, behavioural information)

Expectations and goals of family / referrer



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Parental Consent, Waiver & Indemnity (for children and young people under 16 years of age)

As the Parent / Guardian of _____, I give consent for him / her to participate in the Counselling / Case Work with North West Community Services.

I also agree that:

- Except to any extent caused by its own negligence, to waive any right to claim against North West Community Services, its partners, respective staff or volunteers, for any personal injury, and for loss or damage to property in connection with the participation in North West Community Services.
- In the event of a medical emergency, accept the responsibility for costs of transfer by ambulance if required.

Parent/ Guardian name: _____

Signature: _____ Date: _____

Consent and Privacy

North West Community Services is committed to protect your personal information. Our agency only collects personal information that we believe is necessary to provide the service you require. We collect written or verbal information that you provide.

By providing us with this personal information you also consent to our use, or disclosure, of this personal information for purposes related to the services we provide.

The information gathered as part of counselling will be kept secure at all times. Your information is retained in order to document what happens during sessions and enables your counsellor to provide a relevant and informed service.

All personal information gathered during sessions will remain confidential, unless:

1. It has been subpoenaed by a court or is authorised by law
2. If there is a concern regarding your or others' safety and/or a crisis - as a duty of care we may give information about you to your next of kin, relevant service provider or the emergency services.



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Services could be accessed Face to Face and/ or via Phone if relevant. If there is anything in this document that is unclear, please do not hesitate to discuss with the counsellor before signing below.

I have read and understood the above Consent Form. I agree to these conditions for the therapeutic services provided by North West Community Services:

By signing this document, you:

1. Acknowledge that you have read and understood the document
2. Understand the reasons for the collection of personal information
3. Understand the ways in which your personal information may be used and disclosed
4. Acknowledge you provide this information to the NWCS voluntarily
5. Agree to the use and disclosure of your personal information as indicated
6. Acknowledge that the personal information you provide is current

Parent / Guardian Signature: _____ Date: _____

If over 16 years of age:

Client Signature: _____ Date: _____