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| **Please email**: **Attn**: VAN GO PROGRAM | E: vango@wrisc.org.au |P: 53 333 666 |

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| **Eligibility**  |

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| * Experienced or witnessed family violence
* Aged 0-18 years
* Living in Central Highlands area
* Safe (Therapy will not cause increased risk for the child). Please call to discuss if unsure.
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| **DATE:** | enter date. |  |

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| [ ]  **Please email WRISC with a phone number to discuss referral (requirement)** |
| [ ]  **Completed RISK ASSESSMENT (MARAM) attached** |  |  |

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| **Children:** |
| **Name** | **D.O.B.** | **School**  | **Primary Concern** |
| 1.       |       |       |       |
| 2.       |       |       |       |
| 3.       |       |       |       |
| 4.       |       |       |       |
| 5.       |       |       |       |
| 6.       |       |       |       |
|  |  |  |  |
| **Children’s Legal Guardian/Primary Carer:** |
| **Name:** |       |
| **D.O.B.:** |       |
| **Aboriginal / TSI:** | [ ] Yes [ ] No  |  |
| **Disability:** | [ ] Yes [ ] No |  |
| **Address:** |       | **Safe:** | [ ] Yes [ ] No  |
| **Postal Address:** |       | **Safe:**  | [ ] Yes [ ] No  |
| **Home Phone #:** |       | **Safe:**  | [ ] Yes [ ] No  |
| **Mobile #:** |       | **Safe:**  | [ ] Yes [ ] No  |
| **Email:** |       | **Safe:**  | [ ] Yes [ ] No  |
| **Safest way to contact client** |       |
|  |
| **Referrer** |
| **Referrer’s Name:** |       |
| **Phone #:** |       |
| **Agency & address:** |       |
| **Email:** |       |  |

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| **Children:** |
|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| **NAME:** | **F** [ ]  **M** [ ]  | **F** [ ]  **M** [ ]  | **F** [ ]  **M** [ ]  | **F** [ ]  **M** [ ]  |
| **D.O.B and Age:** |       |       |       |       |
| **FATHER’S NAME:** |       |       |       |       |
| **Safety Concerns:** |       |       |       |       |
| **Parenting arrangements** |       |       |       |       |
| **MOTHER’S NAME:** |       |       |       |       |
| **Safety Concerns:** |       |       |       |       |
| **Parenting arrangements** |       |       |       |       |
| **Aboriginal/TSI** | Click to choose.       | Click to choose.       | Click to choose.       | Click to choose.       |
| **Disability:** |       |       |       |       |
| **School:** |       |       |       |       |
| **Legal Issues:** | [ ]  **Intervention Order**     Date of expiry | [ ]  **Intervention Order**     Date of expiry | [ ]  **Intervention Order**     Date of expiry | [ ]  **Intervention Order**     Date of expiry |
| [ ]  **Child Protection**      | [ ]  **Child Protection**      | [ ]  **Child Protection**      | [ ]  **Child Protection**      |
| [ ]  **F/Law Crt Orders**      | [ ]  **F/Law Crt Orders**      | [ ]  **F/Law Crt Orders**      | [ ]  **F/Law Crt Orders**      |
| **Concerns:** |       |       |       |       |
| **1.** | **Supports for child (Informal and Formal)** |
|  | [ ]  **Family**  |       |
|  | [ ]  **Friends**  |       |
|  | [ ]  **GP**  |       |
|  | [ ]  **Family services**  |       |
|  | [ ]  **Counsellor for parent care** |       |
|  | [ ]  **Counsellor(s) for children**  |       |
|  | [ ]  **Other**  |       |
| **2.** | **Brief summary of violence witnessed or experienced including most recent incident description and date (If more space required please use back of this page):** |
|  |       |
| **3.** | **a) Risk - Family Violence:**  | Click to choose a Risk Category. |
|  | **b) Rationale for Category:** |
|  |       |
| **4.** | **Safety Planning for child and family** |
|  |       |
| **5.** | **Name(s) and Address(es) of Perpetrator(s):** |
|  |       |
| **6. Attached Documents:** | [ ]  MARAM |
|  | [ ]  Other |       |
|  |  |  |
| For the time that we are supported by Van Go Children’s Creative Therapies, I,  |  | the legal guardian of the |
| above mentioned child/ren, give my informed consent for: |
| [ ]  A copy of this form and any copies of other relevant documentation to be given to Van Go Children’s Therapist.[ ] The referring worker and therapist to communicate about support for my child/ren.[ ] For this referral to be sent to Berry Street/Orange Door to complete intake for the purpose of completing a family violence risk assessment/safety plan with me if applicable before commencing therapy for my child/ren (Please note – this is only needed if unable to complete or attach risk assessment (MARAM) with this referral) |
| I understand that I can withdraw my consent at any time. |
| **Signature** |  |  | **Date:** |  |  |
| **Verbal consent:** [ ] Yes [ ] No  |
| **If signed consent not practical, is the primary carer aware of, and agreeable to this referral and it’s contents:** [ ] Yes [ ] No  |

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To help Van Go best support the family, please complete these questions with parent/carer before

sending referral.

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| **How do you feel the children have been impacted by family violence?** |

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| **What do you think the children might say is their greatest concern?** |

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| **Is the perpetrator still perpetrating FV, if so through what way?**  |

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| **What experiences of therapy have you and/or your children had in the past?** |

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| **Why do you feel now is the right time for your family to access therapeutic supports?** |

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| **Through engaging in therapeutic supports, what would you like the outcomes to be for your child/ren and family?** |