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| **Please email**: **Attn**: VAN GO PROGRAM | E: [vango@wrisc.org.au](mailto: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. | | |  | |  | | | |  | | | | |
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| **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** | | | | | | | | | | | | | | | | | | | | | |
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| **5.** | **Name(s) and Address(es) of Perpetrator(s):** | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| **6. Attached Documents:** | | | | | | | | | MARAM | | | | | | | | | | | | | |
|  | | | | | | | | | Other | |  | | | | | | | | | | | |
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| 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?** |