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**Referral Form**

Email to: admin@arcadian-consulting.com

Enquiries Tel: 02 5806 5601 / 0401 563 056 (mobile)

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Referral Date: Enter date.
Date assessment required by: Enter date.
Agency Name/ Office: ……………………………………………………………………………………………..……….. Phone: …………………………………..
Mailing Address: ………………………………………………………………………………………….…..
Worker: …………………………………………………………..
Position: …………………………………………………………..
Email: …………………………………………………………..
Manager: …………………………………………………………..
Email: …………………………………………………………..

**Type of Assessment/ Service Being Requested:**

     


Please describe: ………………………………………………………………………………………………………………….

If you are requesting Out of Home Care (OOHC) training, therapeutic intervention or OOHC case planning, please complete only page 1 of this form and email to Arcadian Consulting. We will contact you to obtain further details and then provide a quote and timeframe for the service.

**For all other referrals (assessments and reviews), please complete the following 2 pages of this form, and send to** **admin@arcadian-consulting.com** **and Arcadian Consulting will provide a quote and timeframe for the assessment.**

**Information Required about Applicants**

Number of Applicants/ Carers to be assessed: ………………..
Applicant/ Carer names: ………………………………………………………………………………………..
Address of Applicants/ Carers: …………………………………………………………..
Contact Phone Numbers of applicants: …………………………………………………………..
Are applicants Aboriginal?
 
Applicant/ Carer relationship to child(ren): …………………………………………………………..
Has a KIDS check been completed on applicants?

If yes: outcome of KIDS check? …………………………………………………………..

Have WWCC's and associated checks been completed on applicants?


Relevant WWCC or Criminal Check History:

Details of Applicants/ Carers Children: (Name, DOB and sex):
……………………………………………………………………………………………………………………..……..
Other people living in the (Name, DOB, Sex and relationship to applicant/carer if known)
………………………………………………………………………………………………………………………………..

**Other Required Information:**

Please describe any risks known including for home visits: ………………………………………………………………………………………………………………..…………..
First Language: English
 
Other- please state …………………………………………………………..

Is this matter currently before the Court?
 

**Information Required about Subject Children: Please complete for each child**

Name: …………………………………………………………..
DOB: ………………………………………………………….. Sex: ………………………………………..
Name of School/ child care: …………………………………………………………..
Current Legal Status: …………………………………………………………..
Is the child Aboriginal?

Current placement: …………………………………………………………..
Date Current placement commenced: enter date.
Child Protection History: Attach summary ( or provide dot points)
…………………………………………………………………………………………………………………………………………..

OOHC (Placement history): Attach summary(or provide dot points)
…………………………………………………………………………………………………………………………………………..

**Prior to commencing any assessment, the assessor will require additional information including:**

* **Genograms**
* **Current OOHC case plans for subject children**
* **Life history documents for new authorised carer assessments**

**For Guardianship Assessments the following are all required to be provided prior to Arcadian Consulting commencing the assessment:**

* Previous relative/kin, foster care assessments
* Applicant guardianship application forms
* Referee and health checks of applicants
* Copy of Child’s birth certificate
* Child protection and placement history of the child or young person
* Current case and financial plan, (including disclosure of placement information s.149B-K)
* Current Care Plan (if applicable)
* Cultural Care Plan (if applicable)
* Behaviour support plans (if applicable)
* Child’s health reports- Any relevant psychological/ social assessments
* Child’s education plan (if applicable)
* Any current Court Orders and information reports about supervised contact.