



<b>Date of referral:</b>		<b>SAFE SPACES REFERRAL FORM</b>
<b>Client consent obtained for referral (caregiver or young person over 16 years old):</b> <input type="checkbox"/> Verbal <input type="checkbox"/> Written (please attach)		
<b>Date of consent:</b>		
<b>Referrer name / Organisation / Contact details (email / phone)</b>		<b>Please check the box relevant to you:</b> <input type="checkbox"/> Internal referral <input type="checkbox"/> External referral
<b>Safety check:</b> <i>Please note that Safe Spaces is not a crisis service. If there are immediate safety concerns, please contact emergency services (000) or a crisis line for immediate assistance.</i>		
<b>Are there any imminent safety or risk issues to the parent / child/ren that would be important for Safe Spaces to be aware of?</b> (This might include current and acute DFV risk or suicide/self-harming behaviours)		

<b>Eligibility criteria – please ensure your client/s meet the following prior to submitting your referral.</b>
<input type="checkbox"/> Aged under 18 years old <input type="checkbox"/> Child or young person lives in Sunshine Coast region <input type="checkbox"/> Experienced/experiencing domestic & family violence

Child / Young Person's Details		
Child 1		
<b>First name:</b>	<b>Surname:</b>	<b>DOB:</b>
<b>Gender identity &amp; pronouns:</b>	<b>Cultural identity:</b>	<b>Living with:</b>
<b>Mobile number (if over 16):</b>	<b>Email address (if over 16):</b>	<b>Safe to contact on phone and/or email?</b>
Child 2		
<b>First name:</b>	<b>Surname:</b>	<b>DOB:</b>
<b>Gender identity &amp; pronouns:</b>	<b>Cultural identity:</b>	<b>Living with:</b>
<b>Mobile number (if over 16):</b>	<b>Email address (if over 16):</b>	<b>Safe to contact on phone and/or email?</b>
Child 3		
<b>First name:</b>	<b>Surname:</b>	<b>DOB:</b>
<b>Gender identity &amp; pronouns:</b>	<b>Cultural identity:</b>	<b>Living with:</b>
<b>Mobile number (if over 16):</b>	<b>Email address (if over 16):</b>	<b>Safe to contact on phone and/or email?</b>



(Copy/paste more sections if over 3 children)

Parent / Legal Guardian / Approved Foster Carer Details		
<b>Caregiver 1</b>		
<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Approved Foster Carer
<b>First name:</b>	<b>Surname:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Safe to send letters?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Mobile number:</b>  <b>Best time to contact?</b>	<b>Safe to call?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Safe to leave voicemail?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Safe to send SMS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Email address:</b>	<b>Safe to email?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gender identity &amp; pronouns:</b>	<b>Cultural identity:</b>  <b>Language spoken (if other than English):</b>  <b>Interpreter required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Caregiver 2 (if required)</b>		
<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Approved Foster Carer
<b>First name:</b>	<b>Surname:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Safe to send letters?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Mobile number:</b>  <b>Best time to contact?</b>	<b>Safe to call?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Safe to leave voicemail?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Safe to send SMS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Email address:</b>	<b>Safe to email?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gender identity &amp; pronouns:</b>	<b>Cultural identity:</b>  <b>Language spoken (if other than English):</b>  <b>Interpreter required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	



<b>Legal Involvement</b> <i>(Please provide a copy of all relevant Court Orders)</i>	
<b>Domestic Violence Order (DVO)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previous/Expired <b>Conditions?</b>  <b>Person/s listed?</b>  <b>Expiry?</b>
<b>Family Law Court Orders / Contact Arrangements</b>	
<b>Parenting Order</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Conditions?</b>  <b>Person/s listed?</b>
<b>Consent Order</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Conditions?</b>  <b>Person/s listed?</b>
<b>Is there a parenting plan in place?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Details?</b>  <b>Person/s listed?</b>
<b>Contact arrangements for separated parents?</b>	<b>Details:</b>
<b>Child Safety Involvement</b>	
<b>Are Child Safety currently involved with any of the referred child(ren)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Details:</b>
<b>Police Involvement</b>	
<b>Have the police been recently or historically involved with the family?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Details:</b>



Referral Summary Information	
Are the person/s being referred wanting to engage with Safe Spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure  Details:
Can you provide a summary of the child/young person’s exposure to / experience of domestic and family violence?	
Presenting issue at the time of this referral?	
Are there other agencies involved? <i>(If yes, please list who and in relation to which child)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  Details:
Any additional information to support referral?	

**Please note that there may be an extended wait to be allocated to a Safe Spaces Counsellor.**

Next steps: the referrer will receive confirmation from Safe Spaces that your referral has been either accepted or declined based on our eligibility criteria.

Depending on the client’s consent, Safe Spaces may provide you with an update at the time of the client being engaged for initial assessment and allocation.