

REQUEST FOR SERVICE FORM

Enquiries: 07 4913 3830

Postal Address: PO Box 2292, Yeppoon QLD 4703 Office Address: 35 William Street, Yeppoon QLD 4703

PRIVACY NOTICE

Livingstone Shire Council is collecting the personal information you supply on this form for the purpose of assessing the suitability of the referral of an individual or family to access services provided by Strengthening Family Connections (SFC). The Council is authorised to do this under the Information Privacy Act 2009. Your personal details will not be disclosed to any other person or agency external to SFC without your consent unless required or authorised by law.

PLEASE NOTE: SFC is funded to work with children, young people (unborn to 18yrs) and their families who are in vulnerable situations. Counselling and case management services are offered to families who reside on the **Capricorn Coast** and are not currently subject to statutory child protection intervention. SFC can work with families who are at risk of entering or re-entering the Child Safety System.

Date of Referral	
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Client Details

First Name				Surname			
Date of Birth		Age		Preferred Pronoun			
Phone			Email				
Address							
City			State			Postcode	
Name of Primary Contact (if client under 18)						Contact No.	

IMPORTANT

Is it safe for SFC to contact you via phone/text for appointments, send out letters on occasions?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> NO
If NO; restricted communication is required – Client Consent for Communication Form MUST be completed	<input type="checkbox"/>	

Other Family Members

First Name	Last Name	Relationship to Client	DOB / Age	Gender	Requires Support
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Demographic Information			
Country of Birth		Do you require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language at home		Do you require an Auslan interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any family members identify as:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Australian South Sea Islander
	<input type="checkbox"/> Culturally and Linguistically Diverse		<input type="checkbox"/> Single Parent/Guardian

Worries/Concerns			
<input type="checkbox"/> Children's Wellbeing	<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Drug / Alcohol / Substance use	
<input type="checkbox"/> Domestic and family violence	<input type="checkbox"/> Current <input type="checkbox"/> Past	Notes:	
<input type="checkbox"/> Parenting Skills Development	<input type="checkbox"/> Conflict between family members	<input type="checkbox"/> Social isolation / Social supports	
<input type="checkbox"/> Grief and Loss	<input type="checkbox"/> School Exclusion	<input type="checkbox"/> Relationship breakdown/separation	
<input type="checkbox"/> Other:			
What does your family do well?			

Reason for Referral	

Referring Agency Section			
Referring Agency		Referrer's Name	
Postal Address			
Phone		Email	

Consent			
I consent for Strengthening Family Connections to provide information about the progress/outcome of my referral to the above referring agency. Please mark the correct box <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature of Referring Person		Date	
Signature of Client/Family Member		Date	

Please return completed form to the SFC office at 35 William Street, Yeppoon

Alternatively, email through to our confidential mailbox – SFC@livingstone.qld.gov.au

It is our policy to arrange an initial meeting with you to discuss your needs and to determine whether we are the most appropriate organisation to offer you support and assistance.