



REFERRAL TO A VICTORIAN EARLY PARENTING CENTRE

Administration only
Call Booked:
Date: _____
Time: _____
Client confirmed:

REFERRING AGENCY'S DETAILS

QEC: Noble Park Fax: 9549 2779 Email: theqec@qec.org.au	O'Connell: Canterbury Fax: 9816 9729 Email: OFC_Reception@mercy.com.au	Tweddle: Footscray Fax: 9689 1922 Email: tweddle@tweddle.org.au
--	---	---

Is client booked at another EPC? (only one EPC booking per client)	Yes	No
Does the parent require an interpreter and if YES, what language?		

Name of Referrer	Date:
Agency	
Address	
Phone Number	Fax
Email	

	FIRST NAME	SURNAME	DOB	ADDRESS	PHONE NO.
Parent / Guardian – Primary Caregiver					
Partner / Support Person					
Child					
Other Siblings					
Marital Status	Married	Single	Defacto	Separated	
Indigenous	Not Indigenous	Indigenous Aboriginal & Torres Strait Islander			
	Torres Strait Islander	Indigenous Aboriginal			

OTHER SERVICES CURRENTLY INVOLVED WITH FAMILY			
Name	Role/Service provided	Address	Phone No.

CRITERIA FOR ENTRY INTO AN EARLY PARENTING CENTRE

Please provide sufficient details regarding the following questions numbered 1-10, to assist in prioritizing this referral

This family has:

- | | | |
|--|-----|----|
| 1) One or more child under 4 years | Yes | No |
| 2) Current involvement with Child Protection | Yes | No |
| 3) Current involvement with Child First | Yes | No |
| 4) Aboriginal/Torres Strait Islander | Yes | No |
| 5) Refugee | Yes | No |
| 6) CALD (Cultural and Linguistic Diversity) | Yes | No |
| 7) Cradle to Kinder | Yes | No |

8) Please indicate area of parenting challenges (tick one or more of the following):

- | | |
|---------------------------------|--|
| Meeting child's emotional needs | Meeting child's social needs |
| Meeting child's physical needs | Meeting child's cognitive/intellectual needs |

9) How does the parent perceive the parenting difficulty? (it is important to know what the parent feels in order to commence process)

10) Child Risk Factors: (tick one or more of the following child specific risk factors):

- | | |
|--------------------------------------|-----------------------|
| Feeding concerns impacting on health | Challenging Behaviour |
| > 5 Weeks premature | Disability |
| Chronic illness | 2500 gm at birth |
| Development concerns | |

Comments:

11) Parental Risk Factors: (tick one or more)

- | | |
|---|-------------------------------|
| Physical Disability | Intellectual Disability |
| Chronic illness | Homelessness |
| Mental illness | An offending pattern |
| Family violence | Teenage parent |
| Severe budgeting and financial difficulties | Substance misuse |
| History of abuse/neglect as a child | Single parent without support |
| Low education attainment – less than year 9 | |
| Previous Child Protection involvement with other children | |

Provide details of risk factor/s and observed impact on parenting:

The referral has been discussed with the parent and the parent has agreed to the referral.

Yes No

Parent Signature _____ Date _____