

# REFERRAL FORM



Email to [theqec@qec.org.au](mailto:theqec@qec.org.au) or fax 03 9549 2779

Date: \_\_\_/\_\_\_/\_\_\_

- Early Parenting Services (eg: Daystay or Residential)
- Parenting Plus
- Playsteps – Frankston
- Playsteps – Noble Park
- Other

Referring Professional	
Agency	
Address	
Phone Number	
Fax	
Email	

	Primary Carer	Secondary Carer	1 <sup>st</sup> Child	2 <sup>nd</sup> Child
Name				
DOB				
Address				
Contact Number				
Email				
Aboriginal	<input type="checkbox"/> Not Aboriginal <input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Not Aboriginal <input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Not Aboriginal <input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Not Aboriginal <input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Torres Strait Islander

Referred Child Siblings	
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## OTHER SERVICES THE FAMILY IS USING SUCH AS MCHN OR ENHANCED HOME VISITING

Service	What they do



**CRITERIA OF ENTRY:**

**THIS FAMILY HAS;**

- 1. A CHILD UNDER 4 YEARS Yes
- 2. ACUTE EARLY PARENTING PROBLEMS Yes
- 3. CURRENT INVOLVEMENT WITH CHILD PROTECTION Yes  No
- 4. REFUGEE Yes  No
- 5. CALD (CULTURAL AND LINGUISTIC DIVERSITY) Yes  No

**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

**Please provide details of observed parenting practice difficulties to show how this is evidenced:**

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**PLEASE TICK IF ANY OF THESE FAMILY SPECIFIC RISK FACTORS ARE PRESENT WITHIN THE FAMILY**

- |  |  |
|--|--|
| <input type="checkbox"/> Disability                                  | <input type="checkbox"/> An offending pattern              |
| <input type="checkbox"/> Family violence                             | <input type="checkbox"/> Homelessness                      |
| <input type="checkbox"/> Chronic illness                             | <input type="checkbox"/> Chronic or low functioning family |
| <input type="checkbox"/> Mental illness                              | <input type="checkbox"/> Teenage parent without support    |
| <input type="checkbox"/> Severe budgeting and financial difficulties | <input type="checkbox"/> Substance abuse                   |
| <input type="checkbox"/> Abuse or neglect                            | <input type="checkbox"/> Challenging behaviours*           |
| <input type="checkbox"/> Other, please specify _____                 |  |

**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
- Other, please specify \_\_\_\_\_

**Please provide details of risk factors and observed impact on parenting practice to show how this is evidenced:**

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**IF THE FAMILY CONFORMS TO THE ABOVE CRITERIA, THEY MAY BE ELIGIBLE FOR PARENTING PLUS.**

**IS THERE ANY OTHER INFORMATION RELEVANT TO THE FAMILY? Yes  No**

**If so, please provide details:**

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\*Challenging behaviours is where a child or family member displays behaviours, which place them and/or others at risk. These behaviours can be oriented towards others or be self-oriented.

