

REFERRAL FORM



Email to 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	
Interpreter Required	<input type="checkbox"/> No <input type="checkbox"/> Yes, language: _____

	Primary Carer	Secondary Carer	1 st Child	2 nd Child
Name				
DOB				
Address				
Contact Number				
Email				
Aboriginal	<input type="checkbox"/> Not Aboriginal <input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Not Aboriginal <input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Not Aboriginal <input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Not Aboriginal <input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Prefer not to say

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:

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:

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:

*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.

