



CHAMPS & Space4Us Group Referral Form

CLIENT DATA COLLECTION STATEMENT
<p>READ CLIENT DATA COLLECTION STATEMENT</p> <p><i>“I just want to let you know that what we talk about is confidential, however there are exceptions to confidentiality, such as if there was risk of harm to a child, yourself or another person or there was a risk of damage to property.”</i></p> <p style="text-align: center;">Do you understand and agree? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Agency secure database: “In order to provide our services to you, your information is entered onto our secure internal agency database for our own use, such as name, address, contact number and any other relevant information.”</p> <p style="text-align: center;"><input type="checkbox"/> Consent Provided <input type="checkbox"/> Consent Withheld</p> <p style="text-align: center;">“When you attend our centre you will be asked to confirm this verbal permission in writing”</p>

Name of person making the referral		Date	
Role		Organisation	

<p>Please note the following eligibility requirements for the CHAMPS & Space4Us groups:</p> <ul style="list-style-type: none"> The participant must be living in Bayside Peninsula The participant must have a family member with a mental illness The participant must either be 8-12 years (CHAMPS) or 12-18 years (Space4Us) The family must have consented to this referral being made on their behalf
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Participant name		DOB	
Address			
Gender identity / pronouns (if known)		LGBTIQA+	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Comment:
Contact number		Email address	
Country of birth		Aboriginal or Torres Strait Islander decent?	Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>
Language other than English?		How well is English spoken?	Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/>
Interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Highest level of education completed?		Additional learning needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:
Known diagnosed mental health concerns			

(1) Parent/caregiver		DOB	
Address			
Gender identity / pronouns (if known)		LGBTIQA+	Yes <input type="checkbox"/> No <input type="checkbox"/>



			Prefer not to say <input type="checkbox"/> Comment:
Contact number		Email address	
Country of birth		Aboriginal or Torres Strait Islander decent?	Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>
Language other than English?		How well is English spoken?	Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/>
Interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Known diagnosed physical health concerns		Known diagnosed mental health concerns	

(2) Parent/caregiver		DOB	
Address			
Gender identity / pronouns (if known)		LGBTIQA+	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Comment:
Contact number		Email address	
Country of birth		Aboriginal or Torres Strait Islander decent?	Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>
Language other than English?		How well is English spoken?	Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/>
Interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Known diagnosed mental health concerns			

What are the presenting issues for the family?
How will attendance at the CHAMPs or Space4Us group assist the child/adolescent?
What are the strengths of the child/adolescent?
What are the risk issues for the child/adolescent? (Taking into consideration the parent/s mental health diagnosis)

