Referral Form

Turning Tides is a counselling and advocacy service supporting young people (12-18 years) who have displayed harmful sexual behaviour, as well as their caregivers and families.

Making a Referral

- You're welcome to call us (9535 8263) to speak about a potential referral
- For a referral to progress, it is important that the attached consent form has been completed
- Please email the completed referral form to referrals@allambee.org.au
- Typically our intake assessment process involves contact with the caregiver/guardian by phone

Referral Details

Date of Referral:

Agency or Service:

Telephone Number:

Key Contact Person:

Email:

Details of past/current engagement with young person:

Is engagement with the young person in your service:

- ☐ Ongoing
- ☐ Expected to close soon
- ☐ Closed

Client Details

Surname:

Given Name(s):

Date of Birth:

Gender Identity & Pronouns:

Address:

Does the young person identify as:

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Culturally and/or linguistically diverse - If yes, provide details:

In care of Department of Communities - Child Protection and Family Support? ☐ Yes ☐ No

Details of any disabilities or mental/physical health concerns:

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Caregiver & Legal Guardian Details

To progress with this referral, it is important that we have consent from a legal guardian.
Please ensure that details in this section include the young person's legal guardian(s).

Parent/Caregiver or Legal Guardian

Name: Date of Birth:

Relationship to young person: Legal guardian of young person: ☐ Yes ☐ No

Do they identify as:

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Culturally and/or linguistically diverse - If yes, provide details:

Telephone number: Email address:

Consent provided for Allambee to contact? ☐ Yes ☐ No

Parent/Caregiver or Legal Guardian

Name: Date of Birth:

Relationship to young person: Legal guardian of young person: ☐ Yes ☐ No

Do they identify as:

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Culturally and/or linguistically diverse - If yes, provide details

Telephone number: Email address:

Consent provided for Allambee to contact? ☐ Yes ☐ No

Details of other parent/caregivers or additional information:

Home/Accommodation

Who does the young person currently live with? (Please specify the names and ages of any children living in the home)

Reason for Referral

Description of concerning sexual behaviour(s) displayed by the young person (please specify where and when the behaviour(s) occurred):

If applicable, who has been involved in the behaviour? (Please include age and relationship to the young person)

What has happened in response to the behaviour? (e.g., other agency involvement, changes to support safety)

If applicable, describe any involvement with Police/legal/Justice systems, including any relevant charges or bail conditions:

If applicable, describe any previous support the young person has received in relation to sexual behaviour(s):

Current Supports/Service Engagement

Details about the young person's current school/education (including year level/course) or employment:

If applicable, what other services are currently supporting the young person?

Risk Assessment

Use the below table to indicate risk concerns:

	Current/Recent (within 6 months)	Previous/Historical (6 months +)	Not Applicable	Not Known
Non-suicidal self-injury or self-harm	☐	☐	☐	☐
Suicide ideation	☐	☐	☐	☐
Suicide attempt	☐	☐	☐	☐
Substance use	☐	☐	☐	☐
Family and domestic violence	☐	☐	☐	☐
Harm to others (e.g., violence, aggression)	☐	☐	☐	☐
Sexual abuse (harm from others)	☐	☐	☐	☐
Sexual behaviours that may cause harm to the young person	☐	☐	☐	☐
Concerning sexual behaviours involving others	☐	☐	☐	☐
Homelessness or housing instability	☐	☐	☐	☐

Provide further detail about risk concerns, including strategies to support safety and attach current safety plans:

Additional Concerns & Information (optional)

Please detail additional concerns/information that may assist us in supporting this young person and their caregivers/family.

Please ensure that the attached consent form has been completed.

Parent/Legal Guardian Consent Form

This form is to be completed by the young person's parent/caregiver/legal guardian.

I _____ give permission for Allambee Counselling to:

- contact me using the phone number provided to discuss this referral and;
- speak with the referrer and share information to help Allambee better understand my situation and the needs of my young person/family

I agree that Allambee can also contact me in these ways:

- leaving voice mail messages ☐ yes ☐ no
- sending text messages ☐ yes ☐ no
- sending emails ☐ yes ☐ no
- sending mail to my home address ☐ yes ☐ no

Information shared with Allambee is private and will be kept confidential. However, there are times where Allambee may be required to share information, including if:

- A person is at risk of harming themselves or another person
- A child is at risk of harm
- We are legally required to (e.g., mandatory reporting, court orders)

If any of the above circumstances occur, Allambee we will try to contact you first to talk about it, unless we cannot do so safely.

If you'd like more information about Allambee before consenting to referral, including how we manage privacy and confidentiality, please feel encouraged to contact us: **(08) 9535 8263** or **help@allambee.org.au.**

I understand I can withdraw my consent by communicating this to Allambee at any time.

Signature: _____

Witness: _____

Date: _____

If verbal consent only is obtained:

Name of person providing consent: _____

Name of person completing referral: _____

Signature of person completing referral: _____

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