Children
Young People
and Families

Children and Young People's Counselling

Referral Form

Employee Name:

External referrals **Organisation:**

Email: **Phone:**

Child/Young Person Details			
Name	**DOB**	**Age**	**Gender**

Parent/Carer Details		
Name	**Relationship to Child**	**Consent for referral? Y/N**

Parent/Carer Contact Information		
Email	**Phone Number**	**Safe to:**
		Call ☐ **Y** ☐ **N** **SMS** ☐ **Y** ☐ **N** **Voicemail** ☐ **Y** ☐ **N**
Address		
Does the person using violence live in the home?	**Y** ☐ **N** ☐	

Reason for Referral
For example, are there behavioural indicators of trauma? If so, what are they? How has the child's relationship with the safe parent been impacted? **Details:**

Once referral form has been completed in full, please email to childyouth@cada.org.au

Please contact us via phone on 5407 0288 or email in relation to counselling wait times.