**Phoenix Rising For Children –**

**Supervised Contact and Transport**

**Referral Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DETAILS CURRENT AT: dd/mm/yy** | | | | | | |
| FAMILY name: |  | | | | | |
| Caseworker/person booking contact: |  | | | | | |
| Email: |  | | | | | |
| Office: |  | | | | | |
| PH: |  | | | | | |
| FAX: |  | | | | | |
| **CHILD/REN DETAILS** *\*Please attach additional page if more than 6 children* | | | | | | |
| Child name: | | Gender: M/F | DOB: | Carer name: | | |
| 1. | |  |  |  | | |
| 2. | |  |  |  | | |
| 3. | |  |  |  | | |
| 4. | |  |  |  | | |
| 5. | |  |  |  | | |
| **CARE NEEDS** | | | | | | |
| Any relevant medical or behavioural information regarding children’s care(*e.g. food allergies etc*): | | | | | | |
| **PLACEMENT/ CARER DETAILS** | | | | | | |
| Carer Name: | Address: | | | | | Contact numbers *(mandatory)*: |
|  |  | | | | | H:  M: |
| **BIRTH FAMILY DETAILS/ PERSON BEING SUPERVISED** | | | | | | |
| Mother name: | | | | | M: | |
| Usual Contact arrangements: | | | | | | |
| Potential Concerns/information we need to be aware of regarding Mothers behaviour: | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Father name: | | | M: |
| Usual Contact arrangements: | | | |
| Potential Concerns/ information we need to be aware of regarding Fathers behaviour: | | | |
| |  |  |  | | --- | --- | --- | | **ATTENDEES** | | | | People NOT permitted to  attend contact: | Name | Relationship to child | |  |  | | People Permitted to attend  contact: |  |  | | | | |
| **DETAILS OF CONTACT** | | | |
| **TYPE OF SERVICE** (*please indicate and outline details of service required*)  Supervised Contact with transport  Supervised Contact only  Supervised Transport  Youth work  Carer Respite  \*\**Please indicate car seating required for transport services\*\** | | | |
| Date/s: | | * Start Date: * End date**:** | |
| Proposed Start Time: | |  | |
| Duration: | |  | |
| General Venue: | |  | |
| Alternative Wet Weather Venue: | |  | |
| Instructions:  *\*\*For Contact and transport services please specify pickup and drop off points here* | |  | |
| Potential Concerns about Child/rens Behaviour: | |  | |
| Is there a budget for food and activities? (If so, please confirm budget amount per contact visit) | |  | |
| **Additional instructions** | | | |
| *\*Please check box if applicable* | Can this contact be held outside the venue/CSC?   * *e.g. Go to local park*   Are photos/ video permitted during the contact?  Can the parent provide food for the child?  *List any special dietary requirements if not already listed above*  Can the parent send items home with the child?  Can the parent assist the child with toileting, unsupervised?  Please identify anything else you would like to occur during contact if not listed: | | |

Electronic version available to download from: <http://www.phoenixrising.org.au/main/page_family_supervision.html>