**Phoenix Rising For Children –**

**Supervised Contact and Transport**

**Referral Form**

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| **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:  |
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| **ATTENDEES** |
| People NOT permitted to attend contact: | Name | Relationship to child |
|  |  |
| People Permitted to attend contact: |  |  |

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| **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>