



Assessment Referral Form:

'Providing comprehensive assessments and training services in the continuum of care from child protection through to adoption'

Referrer Information:	
Referral Date:	
CSC/ Agency:	Phone:
Postal Address:	
Caseworker:	Email Address:
Manager:	Email Address:
Is the matter before the Court? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Assessment Required:	
Foster Care Assessment <input type="checkbox"/>	Carer Review <input type="checkbox"/>
Guardianship Assessment <input type="checkbox"/>	Allegations Against Employee <input type="checkbox"/>
Parenting Capacity Assessment <input type="checkbox"/>	OOHC Adoption <input type="checkbox"/>
Relative/Kinship Carer Assessment <input type="checkbox"/>	Restoration Viability Assessment <input type="checkbox"/>

Applicant Family Details:

Carer's Name	Date of Birth	Address	Contact Number	Cultural Identification/ Language Spoken	Relationship to the Child/ Young Person

Carer's Children & Other Household Members:

Name:	Date of Birth	Age	Gender	Relationship to Applicants

Child(ren)/ Young Person(s) Details:

Name:	Date of Birth	Gender	Legal Status	Cultural Identification

Notes to Assessor:

This section should include a brief overview of relevant background information, such as:

- *Current placement details, including date of entry*
- *Relevant child protection history*
- *Details of previous placements*

Additional Components Required?

Home Inspection Checklist <input type="checkbox"/>	Pool Compliance Certificate <input type="checkbox"/>	Initial Relative/Kinship carer Training <input type="checkbox"/>
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Additional Documentation Required:

Results of National Criminal History Record Check	
Current Working with Children Checks	
COPS Events	
ChildStory History	
Medical Check	
Reportable Conduct Investigations & Outcome	

Summary of Child's Connections/Contact:

Name	Age/D.O.B	Relationship to Child	Has contact occurred in the last 12 months?	Frequency, mode & duration of contact
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Notes to Referrer:

- Email completed referral form to: admin@continuumconsulting.net.au or contact Danielle Audsley on 0428 154 703
- If you require more space for children or family details, please add rows in each of the tables throughout the referral form.