**OpenSpace**

Open Space aims to strengthen and promote the safety and wellbeing of young people.

Please send referrals to OpenSpace@communicare.org.au

|  |
| --- |
| **Referral Information:** |
| Service location: [ ]  Rockingham office  | Service required: [ ]  Individual Counselling [ ]  Youth Worker |
| Referral Date:  | Has the client consented to this referral?  |
| Referring Agency:  | Referred by:  |
| Referrers Contact Number: | Referrers Email:  |
| Is the client receiving a service through Communicare? [ ]  No [ ]  Yes, please specify:  |
|  |
| **Client Details: (Individual)** |
| Client Name:  |
| Date of Birth:  |
| Gender:  |
| Home Address:  |
| Contact Information (15+ years old) | Safe | Preferred | Between the hours/days of: |
| Mobile Number:  |  |  |  |
| Email Address: |  |  |  |
| Home Phone: |  |  |  |
| Can we say we are from Communicare/OpenSpace when calling? [ ]  Yes [ ]  No |
| Cultural identity:[ ]  ATSI [ ]  CaLD, please specify:   |
| Disability: Please specify diagnosis:[ ]  Diagnosed mental health[ ]  Physical [ ]  Diagnosed intellectual disability |
|  |
| **Parent/Carer/Guardian Details:** |
| Client Name: |
| Date of Birth:  |
| Gender:  |
| Home Address:  |
| Contact Information | Safe | Preferred | Between the hours/days of: |
| Mobile Number: |  |  |  |
| Email Address: |  |  |  |
| Home Phone: |  |  |  |
| Can we say we are from Communicare/OpenSpace when calling? [ ]  Yes [ ]  No |
| Cultural identity:[ ]  ATSI [ ]  CaLD, please specify:   |
| Disability: Please specify diagnosis:[ ]  Diagnosed mental health[ ]  Physical [ ]  Diagnosed intellectual disability |
| **Children: (if applicable)** |
| Surname | Forename | D.O.B | Gender | Cultural Identity:ATSI/CALD/Other | Diagnosed Disabilities  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |
| **Reason for Referral: (Please briefly describe the reason for referral)** |
|  |
|  |
| **History:** |
| [ ]  Financial Stressors/Hardship | [ ]  Unemployment | [ ]  Family and Domestic Violence  |
| [ ]  Family court / Legal Matters | [ ]  Mental Health Issues  | [ ]  Suicidal Ideations / Self Harm |
| [ ]  Cultural Issues / Racism | [ ]  Alcohol or Drug Use | [ ]  Physical Health Issues  |
| [ ]  Other, Please Specify:  |
|  |
| **Other Services:** |
| Please indicate any additional services that family are currently accessing:  |
|  |
| **Risk Concerns:** |
| Are you aware of any potential risks this family may pose on a worker’s safety or to themselves? |
| **Additional information:** |
|  |