Referral to Bungree (AFDRS) Aboriginal FDR Service

Referrers Details

Date of Referral

_____

Organisation

_____

Phone

_____

Name

_____

Position

_____

Email

_____

Primary Client Details

Name

_____

D.O.B

_____

Phone

_____

Able to leave message?   Yes   No

Address

_____

_____

Email

_____

Preferred Method of contact

_____

Aboriginal or Torres Strait Islander   Yes   No

CALD?   Yes   No

Nationality? Details

Primary Client Details

Languages spoken at home? Details

Interpreter required?   Yes   No

Any special needs?   Yes   No

Details

Is client aware referral is being made?   Yes   No

Does the client consent to being contacted by Bungree?   Yes   No

Client Signature

Other Client Details

Name

D.O.B

Phone

Relationship to primary client

Address

Email

Child/ren Details

Name/s   **D.O.B**

1.

2.

3.

4.

5.

Legal & Safety Needs		
History of DV	Yes	No
Details		
ADVO	Yes	No
Details		
Court Orders	Yes	No
Details		
DCJ Involvement	Yes	No
Details		
Mental Illness/ Suicidality	Yes	No
Details		
Other Safety?	Yes	No
Details		

Other agencies working with this client/ family

1. Name of agency

Worker

Contact

Details and purpose of support

2. Name of agency

Worker

Contact

Details and purpose of support

3. Name of agency

Worker

Contact

Details and purpose of support

Referral to Bungree (AFDRS) Aboriginal FDR Service

Mediation Services Required

Parenting FDR

Property FDR

Family/ Property FDR

Other Mediation services

Other Services or supports

1.

2.

3.

4.

5.

Bungree Office Use

Date contact made with client and details:

Summary of Referral/ Notes/ Comments/ Any Specific supports required:

Referral Outcome:

    Referral accepted – Appointment offered

    Referral not accepted

    Client declined referral

Appointment Date

Time

Time

Practitioner

Reason

Please email to AFDR.referral@bungree.org.au