

Numula Safety Program is a voluntary service. All information is confidential.

Date: _____ **Referral Source:** Self Internal External _____

Name: _____ **DOB:** _____

Address: _____ **Post Code:** _____

Contact 1: _____ **Contact 2:** _____

Gender: _____ **Email:** _____

Cultural Identity:

- Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander
 Non – Indigenous Other _____

Presenting Reasons for Referral:

- Family/Domestic Violence Grief/Loss/Anger Sexual assault
 Education Support Child Safety Issues Alcohol & Drug
 Illness/Disability Conflict/ Communication Homelessness
 Cultural Issues Legal Matters Transport
 Family Support (parenting) Self Esteem Income Support

Other: _____

Family: Single Defacto Married
 Carer for Children Yes No How many _____*

Name	DOB	Age	Relationship to you	Culture



Safety Concerns

- Are you in immediate danger?
- Do you have a safe place to go to?
- What are your safety networks?

Support Network / Other Services Involved:

Family:

Contact Person 1: Contact No:

Contact Person 2: Contact No:

Friends:

Contact Person 1: Contact No:

Contact Person 2: Contact No:

Workplace:

Contact Person 1: Contact No:

Contact Person 2: Contact No:

Other:

Contact Person 1: Contact No:

Contact Person 2: Contact No:

Employment / Income:

- Newstart Payment Home Parenting Employed (FT / PT / Cas.)
 Self Employed Student Disability Payment

Housing

Would you consider your housing to be: Stable Unstable

Unit / Flat / House

- Own Private Rental Dept Housing Other Housing Agency
 Boarding Caravan Couch Surfing Relatives Home

Other: _____

The questions in this section are optional, services will not be refused if you choose not to answer.

Health and Wellbeing

Who is your doctor? Which clinic do you regularly attend?

Are you on any medication Yes No

If yes please list:

Do you have any Medical Conditions or a Disability Yes No

If yes please state:

Do you drink Alcohol? Yes No

If you consume alcohol, how often do you drink? Daily Weekly Monthly

Do you take any illicit drugs? Yes No

If yes please state:

Authorisation and Consent

I agree to work with the Numula Family Safety Program in achieving the above goals. I acknowledge Kurbingui Youth and Family development Ltd has a duty of care to notify relevant authorities (Hospital, Mental Health or Police) if it is believed that I am at immediate risk of harming myself or another person in the community.

I _____ (Name) _____ (DOB) hereby give my consent to the sharing of relevant and appropriate information, including personal details, for the purpose of progressing my support plan with Kurbingui Youth Development Ltd:

- Centrelink Department of Housing QLD Health
 Allied Health Department of Child Safety QLD Police
 QLD Dept. Corrective Services / Probation and Parole
 Kurbingui Programs - Numula Safety Program / Bridges / Indigenous Community Links
 Other _____

I understand my consent to the sharing of my personal information will be treated with respect and confidentiality and only shared with relevant parties, and I am able to withdraw my consent at any time.

1. If we are concerned about you hurting yourself or another person
2. If someone has hurt you we have a duty of care to ensure your safety
3. If a court subpoenas your file
4. Under section 159 of the Child Protection Act

Signed (client): _____ **Date:** _____

Signed (worker): _____ **Date:** _____

Please email completed form to: numula@kurbingui.org.au