

Aboriginal Family Support Services

CS&W Participant Referral Form

| Participant details | | | Participant needs assessment |
|---------------------|------------|--------|--|
| Name: | | | |
| DOB: | | | Reason for referral and what is the family hoping achieve by participating in a workshop |
| | | | defineve by participating in a workshop |
| Gender: | | | |
| Address: | | | |
| Phone: | | | |
| Cultural backgrou | ınd: | | |
| | | | |
| | | | |
| Family members in | n the home | | |
| Full name | DOB | Gender | |
| | | M/F | |
| | | M/F | |
| | | M/F | |
| | | | |
| | | M/F | |
| | | M/F | Which workshop/s would the participant like to |
| | | M/F | attend |
| | | M/F | ☐ Circle of Security-Parenting |
| | | M/F | ☐ Healthy Homes-Growing up Healthy |
| | | M/F | ☐ Healthy Homes-Routines and Rules |
| | | M/F | □ Seasons for Healing |
| | | M/F | ☐ Financial Fitness |
| | | M/F | □ Bringing Up Great Kids □ Shark Cage |
| | | I | │ │ │ Shark Cage |
| Person making re | ferral | | AFSS use only |
| Name: | | | Date received: |
| Position: | | | Name: |
| Organisation: | | | Position: |
| Phone: | | | Actions taken: |
| Email: | | | 13.3.3.3.3 |
| Address: | | | |
| | | | Outcome: |

Email referrals to: cswreferrals@afss.com.au

| CS&W Participant Referral Form | Date: March 2024 | Approved: March 2024 | Pagel of 1 |
|--------------------------------|------------------|----------------------|-------------|
| Author: Therese Raspe | Version: 2 | Review: | Review Due: |