

FAMILY GROUP CONFERENCE REFERRAL FORM

Please refer to [Completing an FGC Referral Guidance](#)

1. Referring details			
Caseworker name		Date of referral	
Referring PSP Service Provider Name		Proposed location for FGC (suburb)	
Direct Phone No.		Mobile Phone No.	
Email		Other agency contact	
Manager's direct contact details	Name:		
	Phone/Email:		
Has the FGC process been discussed with the family, including the reason for referral?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for referral			
Strengths of the child/ren and family (including individual family members)			

2. Consent						
Has verbal or written consent been obtained? How was consent obtained?						
By mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Verbal <input type="checkbox"/>	Written <input type="checkbox"/>	Date	
By father	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Verbal <input type="checkbox"/>	Written <input type="checkbox"/>	Date	
By guardian/carer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Verbal <input type="checkbox"/>	Written <input type="checkbox"/>	Date	
By child or young person (if age appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Verbal <input type="checkbox"/>	Written <input type="checkbox"/>	Date	
Other Please specify	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Verbal <input type="checkbox"/>	Written <input type="checkbox"/>	Date	
Other Please specify	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Verbal <input type="checkbox"/>	Written <input type="checkbox"/>	Date	
Reasons for no consent (if applicable)						
3. Family relationships						
Child/young person					Date of Birth	
CYP contact details						
Child/young person					Date of Birth	
CYP contact details						
Child/young person					Date of Birth	
CYP contact details						
Child/young person					Date of Birth	
CYP contact details						

Mother's name		Phone		Address	
Father's name		Phone		Address	
Carer or guardian's name		Phone		Address	

4. Extended family and other significant people to be invited to the FGC

Name	Address	Phone number	Relationship to child/children

5. Attached genogram

Yes No If no, please advise why.

6. Other agencies and services involved

Agency name	Contact person	Contact details	Role with family

7. Background information

a) What are the risk, safety and wellbeing challenges that need to be addressed within the family group conference?

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b) What are the **non-negotiables** (children's needs) for the family attending the family group conference?

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c) What are the cultural considerations?

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d) Has the family requested an Aboriginal or CALD facilitator?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

e) Are interpreters required?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Language/dialect

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f) Is there anyone who cannot attend the conference because of an AVO or other legal restriction?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please indicate who the person is and what alternative suggestions about how they can have input into the conference:

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g) Is anyone else in the immediate or extended family considered a risk to the child/young person or any other family members; that is likely to be attending the family group conference?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please indicate who the person is and what alternative suggestions you have about how this person can have input into the conference:

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h) Does anyone require reasonable adjustment to enable their participation in the FGC e.g. needs relating to disability or mental health?

Details and reasonable adjustments required:

8. Referring agency approval

Caseworker name:		Direct Phone:	
Caseworker signature		Date	
Manager Casework name:		Direct Phone:	
Manager Casework signature:		Date	

9. Family Group Conferencing Facilitator

Facilitator's name				Phone	
				Email	
Accepted	<input type="checkbox"/>	Declined	<input type="checkbox"/>	Reason declined	
Facilitator's signature				Date	