

***Parent and Children Education (PACE)***

***INTAKE AND NEEDS ASSESSMENT FORM***

***confidential (one client per form)***

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| ***CLIENT DETAILS*** |
| **Name:** |  |
| **Date of Birth:** | **Age:** | **Gender: □ Male □ Female** |
| **Identifies as:** | **□ Aboriginal □ Torres Strait Islander □ Both** |
| **Contact Phone Number:** |  |
| **Alternative Contact:** |  |
| **Address: (normal place of residency)** |  |
|  |
| ***CUSTODY / GUARDIANSHIP / PARENTING / CONTACT ORDERS / YOUTH JUSTICE ORDERS*** |
| **Do you have any orders currently in place for your child?**  | **□ Yes □ No □ In the process** |
| **If yes, type of order in place:** |  |
| **Are you able to provide us with a copy?** | **□ Yes □ No**  |
| **What is the nature of the order?** | **□ Full Custody □ Shared Custody □ Visitation Orders****□ Other:** |
| **Additional Comments:** |  |
|  |
| ***PARENT / GUARDIAN / NEXT OF KIN DETAILS*** |
| **Full Name:** |  |
| **Contact Phone Number:** |  |
| **Address: (if different to above)** |  |
|  |
| ***PARENT / GUARDIAN / NEXT OF KIN MUST ATTEND AN INTAKE MEETING WITH DCYSI AND THEIR CHILD*** |
| ***SCHOOL DETAILS*** |
| **Name of School:** |  |
| **Year Level:** |  |
| ***SUPPORT REQUIRED*** |
| **□ Education** | **□ Transport** | **□ Attendance** |
| **□ NAPLAN** | **□ Enrolment** | **□ Advocacy** |
| **□ Information / Advice / Referral** | **□ Other** |
| ***DETAILS OF REFERRING PERSON / SCHOOL / ORGANISATION / PROGRAM*** |
| **Name of Referee:** |  |
| **□ School / School Name:** |  |
| **□ Organisation / Name of Organisation:** |  |
| **□ DCYSI Program / Name of Program:** |  |
| **Reason for referral:** |  |
| **What current supports are being accessed?** |  |
| **Additional Information:** |  |
|  |

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| ***CLIENT CONSENT*** |
| * **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that in obtaining support from the PACE program for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, that all *ATTENDANCE, NAPLAN AND ACADEMIC RESULTS* captured by the school is to be made accessible to PACE workers.**
 |
| * **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorise PACE to be contacted and/or sent an SMS notification when my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is absent from school and/or has been suspended / expelled from the school.**
 |
| * **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorise DCYSI to collect and obtain the above personal information about my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to share with relevant agencies and services to assist in addressing identified needs.**
 |
| * **I understand and acknowledge DCYSI’s Privacy Policy including:**
* **my right to access personal information held by the organisation**
* **my right to withdraw my consent upon giving notice in writing**
 |
| * **I understand that DCYSI must comply with relevant privacy laws and will contact the organisation immediately if I feel these laws have been breached.**
 |
| * **I give DCYSI consent for identifiable photos to be taken and shared for media and promotional purposes.**
 |
| * **I have received and read a copy of the DCYSI Client Service Charter.**
 |
| **Client Name:** |  |
| **Signature:** |  |
| **Date:**  |  |
| ***(IF UNDER 18 YRS OF AGE, PARENT / GUARDIAN / NEXT OF KIN SIGNATURE IS REQUIRED)*** |
| **Parent / Guardian / Next of Kin Name:** |  |
| **Signature:** |  |
| **Date:** |  |
|  |
| **PACE SIGN OFF (office use only)** |
| **Does the client require any further support from PACE?** | **□ Yes** | **□ No** |
| **Was a referral provided to the client?** | **□ Yes** | **□ No** |
| **Who was the client referred to?** |
| **□ Eaglehawk**  | **□ RYSS**  | **□ Darderrhi**  |
| **□ Buderoo House**  | **□ CQID** | **□ Centrelink** |
| **□ Other**  |  |
| **Has a copy of this form been given to and/or sighted by the school?** | **□ Yes** | **□ No** |
| **Entered on SRS and filed?** | **□ Yes** | **□ No** |
| **SW Name:** |  |
| **Signature:** |  |
| **Date:** |  |
| **Sighted and Approved by SSW:** | **□ Yes** | **□ No**  |
| **SSW Name:** |  |
| **Signature:** |  |
| **Date:** |  |