**Wellsprings Home Visitation Program**

**Agency Referral Form**

Date of referral: ……………………………………………………………………………………………………………………………….

**Referral Agency Information:**

Name of the agency: …………………………………………………………………………………………………………………………

Name of the agency worker: …………………………………………………………………………………………………………….

Contact number: …………………………………………….. Mobile ………………………………………………………………….

Email: ………………………………………………………………………………………………………………………………………………..

**Participant details:**

Name: ……………………………………………………………………………………………………………………………………………….

Address: ……………………………………………………………………………………………………………………………………………

Suburb: ……………………………………………………………………………………………………………………………………………..

Phone: ………………………………… (Work) ……………………………………. (Mobile)……………………………………………

Country of birth: …………………………………………………………………….Date of birth …………………………………….

Date of arrival in Australia if born overseas…………………………………………………………………………………………

**□ Permanent visa:**

□ Refugee (Subclass 200)

□ Special Humanitarian Program (SHP) (202)

□ Emergency Rescue (Subclass 203)

□ Women at Risk (Subclass 204)

□ Family stream migrants eg. Spouse visa (Subclass100)

**□ Temporary Protection Visa** ……………………………………………………………………………………………………

**□ Other. Please specify** ……………………………………………………………………………………………………………..

**Languages spoken** ………………………………………………………………………………………………………………………….

**Level of English proficiency:**

**□** Low **□** Medium **□** High

**How many people live at contact address**? ...................................................................................

**□** Married **□** Defector **□** Single **□** Other

**Emergency name** ……………………………………………………………………**Mobile** …………………………………………

………………………………………………………………………………………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **Date of Birth** | **Age** | **Gender** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Description of reason for referral:**

**□** Isolation **□** Family Violence **□** Mental health **□** Other

**Please explain:**

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**Wellsprings Home Visitation Program**

**Consent Form for Participant (external agencies)**

**Family name …………………………………………………………………………………………..**

**Given name …………………………………………………………………………………………….**

**Address …………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………**

**Phone …........................................ Mobile ……………………………………………..**

**Email ………………………………………………………………………………………………………..**

I understand the recommendations and I give my permission for the information to be shared with the workers of external agencies.

I also understand that I can withdraw at any time from this consent.

Participants Signature ………………………….……………….Date…………………………………………

Agency Name ……………………………………………………………………………………………………………

Worker’s Name (Printed)……………………………………………………………………………………………

Signature……………………………………………………………………………………………………………………….

**Wellsprings Home Visitation Program**

**Consent Form for Participant**

**Family name …………………………………………………………………………………………..**

**Given name …………………………………………………………………………………………….**

**Address …………………………………………………………………………………………………..**

**…………………………………………………………………………………………………………………**

**Phone …........................................ Mobile ……………………………………………..**

**Email ………………………………………………………………………………………………………..**

I understand the recommendations and I give my permission for the information to be shared with the workers and Volunteers of the Wellsprings Home Visitation Program.

Participants Signature ………………………….……………….Date…………………………………………

Agency Name ……………………………………………………………………………………………………………

Worker’s Name (Printed)……………………………………………………………………………………………

Signature……………………………………………………………………………………………………………………….

**Wellsprings Home Visitation Program**

**Protocols for Working with Agency Workers**

* The Wellsprings Home Visitation Program is for the social support of isolated women.
* Agency Workers may need to accompany Women’s Support Coordinator (WSC) on first visit to client to assess needs of client and suitability for the Home Visitation Program.
* If deemed necessary by WSC, a second or third visit may be required to determine suitability for the Home Visitation Program.
* Wellsprings may require the Agency Worker to maintain contact throughout the program.
* The WSC will review the program after ten visits to ensure satisfaction for the client, the Volunteer and the referring Agency.
* Agency to email the Referral, Consent and Agency Protocols forms to the WSC
* Training, evaluation and debriefing of all Volunteers is an integral part of this Home Visitation Program.

Agency Referral Name ………………………………………......................................................

Worker Name …………………………………………………………………………………………………………

Signature …………………………………………………………………………........................................

Date …………………………………………………………………………….............................................

**Wellsprings privacy statement:**

Wellsprings has a Privacy Policy that ensures that personal clients’ information is securely saved and accessed by relevant staff only

**Ayesha Awan**

Women’s Support Coordinator

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**Phone:** **9701 3740**