

# Group Program Referral Form



✉ Please email this completed form to [strongminds@woodville.org.au](mailto:strongminds@woodville.org.au)

Once the group program referral has been approved, a staff member will be in contact with you. Pre-arranged group programs are unable to be delivered in the absence of written parental consent. Consent forms are required prior to commencement of the group and will be provided by our staff.

You will then be contacted by a group facilitator to arrange the details of your proposed group.

## Details of School/Agency

School/ Agency Name:

School/Agency LGA: Fairfield  Cumberland  Canterbury-Bankstown  Liverpool  Other

Referrer Name:

Referrer Role/title:

Contact Number:  Referral Date:

Email Address:

## Group Program Details

Preferred day and time and start date for program delivery: Day:  Time:  Start Date:

Please tick the group program that you would like to have delivered.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> DRUMBEAT           | <input type="checkbox"/> Stormbirds          | <input type="checkbox"/> Tuning in to Kids/Teens          |
| <input type="checkbox"/> Rock and Water     | <input type="checkbox"/> Peaceful Kids/Teens | <input type="checkbox"/> NAPCAN LovebiTes program         |
| <input type="checkbox"/> Seasons for Growth | <input type="checkbox"/> Peaceful Parents    | <input type="checkbox"/> Not sure/I need more information |

Other:

## Additional Information

Are any of the anticipated group participants from an Aboriginal or Torres Strait Islander background?  Yes  No  Unsure

Do any of the anticipated group participants speak a language other than English?  Yes  No  Unsure

If an interpreter is required, please specify language:

Do you have a specific age or year group you would like the group to be targeted at?

## Reasons/Outcomes for referral

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Building respectful relationships         | <input type="checkbox"/> Building boundary awareness | <input type="checkbox"/> Dealing with the impacts of bullying            |
| <input type="checkbox"/> Building resilience                       | <input type="checkbox"/> Dealing with emotions       | <input type="checkbox"/> Trouble adjusting to school and managing change |
| <input type="checkbox"/> Reducing anxiety/anxious behaviours       | <input type="checkbox"/> Developing social skills    | <input type="checkbox"/> Establishing routines in daily life             |
| <input type="checkbox"/> Building self-confidence and self-respect | <input type="checkbox"/> Managing loss and change    | <input type="checkbox"/> Parenting supports                              |

Other:

Are there any current child protection concerns with any participants?  Yes  No

# Group Program Referral Form (Continued)

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## Group Participants list

Name:  DOB:  Year:

Comment on needs and/or concerns

Name:  DOB:  Year:

Comment on needs and/or concerns

Name:  DOB:  Year:

Comment on needs and/or concerns

Name:  DOB:  Year:

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