**PROFESSIONALS REFERRAL FORM**

Please call ISS Australia before completing this referral form to ensure we can provide the service you are requesting.

Our experience has shown that in order to elicit a response from overseas agencies, certain basic information is needed. Where possible, this should be provided by the child/children’s case worker. Please type directly into this document.

Please send completed form to iss@iss.org.au.

|  |  |
| --- | --- |
| **1.1** | **Child/Children concerned – Main subject(s)***Please include the following information for all relevant persons in boxes 1.1 and 1.2* **Surname:****First name:****Gender:****Date of Birth:****Nationality:****Ethnicity:****Legal order:****If there is more than one child concerned, please list their details here:** |
| **1.2** | **Details of persons concerned in Overseas Country****Relationship to child:****Surname:****First name:****Gender:****Current Address (if known):****Phone number (if known):****Date of Birth (if known):****Nationality:****Ethnicity:****If there is more than one person concerned overseas, please list their details here:** |

|  |  |
| --- | --- |
| **2** | **Reason for referral***Provide a brief summary of the current situation and why the service is being requested.* |
| **3** | **Background information** *Give a summary of the background to the case, including any risks* *and child protection concerns.* *If the case involves a child in care, please advise when the child entered care and why.* ***Please do not attach court documents (affidavits etc) to this referral.*** *Any key documents may be provided later if required.* |
| **4** | **Service Requested***Please be as detailed as possible and list specific areas of concern that should be investigated. Please specify if the service relates to a child protection notification, parenting/kinship assessment, child protection/police background checks, family tracing or other.* *Include how the information will be used, any confidentiality issues, and whether all parties are in agreement with the referral.* |

**Court / Important Dates**

|  |  |
| --- | --- |
| **Any known Court Dates:** |  |
| **Any other deadlines:** |  |

**Professional contacts**

|  |  |
| --- | --- |
| **Name of responsible case worker** |  |
| Name and address of organisation: |  |
| Phone number: |   |
| Email address: |  |
| **Name of Team Manager** |  |
| Phone number: |   |
| Email address: |  |

**End of form**