i.am Service Provider Referral form

The i.am program supports children and young people up to and including 25 years of age who:

- Live in Blacktown Local Government Area; or
- Live in Bankstown, Liverpool & Fairfield Local Government Areas; or
- Live in Coffs Harbour & Nambucca Heads area; or
- Live in Tamworth Local Government Area
- Have recently attempted suicide, experience thoughts of suicide or engage in self-harming behaviours

It is our standard practice to obtain consent from the child or young person who is being referred.

Has the child/young person provided consent for this referral? ☐ Yes ☐ No

Personal details

First name/s: _____ Last name: _____

Preferred name: _____ D.O.B: _____

(The child/young person must be under 26)

Sex at birth: ☐ Female ☐ Male ☐ Intersex

Gender Identity: ☐ Female ☐ Male ☐ Transgender ☐ Non-binary ☐ Gender Fluid ☐ Other

Preferred pronouns: _____ ☐ No pronoun preference

Address: _____ Postcode: _____

Email Address: _____

Phone Number: _____ Preferred Contact Method: _____

Country of Birth: _____ Main Language at home: _____

Does the child/young person identify as:

Aboriginal: ☐ Yes ☐ No ☐ Prefer not to say, and/or

Torres Strait Islander: ☐ Yes ☐ No ☐ Prefer not to say

Cultural Background: _____ Interpreter Required?: ☐ Yes ☐ No

Communication Aid Required? ☐ Yes ☐ No If Yes, please specify _____

Are there any accessibility needs? ☐ Yes ☐ No If Yes, please specify _____

Emergency Contact Details

Name: _____ Relationship: _____

Contact Details: _____

Referrer Details

Referrer's Name: _____ Position/Relationship: _____

Phone Number: _____ Organisation, If Relevant: _____

Email Address: _____

How did you hear about i.am? _____

Current Situation

The i.am program provides support to children and young people experiencing thoughts of suicide, have attempted suicide, or engage in self-harming behaviours. Please indicate those relevant to the child or young person's experience (select as many as apply):

Self-harm	☐ Yes ☐ No
Thoughts of suicide	☐ Yes ☐ No
Suicide attempt/s	☐ Yes ☐ No
Prefer not to disclose, but they do meet the criteria	☐ Yes ☐ No
None (they're unlikely to meet criteria for our program)	☐ Yes ☐ No

Please provide additional information about the child/young person's concerns with suicidal ideation, suicide attempt(s) or self-harm:

Current Situation

Does the child or young person have any additional areas of concern, or goals that they would like to achieve whilst in the program?

What strengths and personal resources have helped the child/young person in the past with their health, personal wellbeing or life?

Is there anything else regarding the child or young person's situation that they describe as important for their wellbeing?

Current Support

Is the child/young person currently receiving support for their wellbeing? ☐ Yes ☐ No

If known, please specify what services are currently supporting the child/young person:

Further Information

Please attach any relevant documents to assist i.am in the support and safety of the child or young person.

Risk Assessment	☐ Yes ☐ No	Other:
Discharge Summary	☐ Yes ☐ No	
Safety Plan	☐ Yes ☐ No	
Wellness Plan	☐ Yes ☐ No	

Consent & Confidentiality Declaration

Parent/Legal Guardian Consent (if the person being referred is under the age of 16):

By completing this form, you agree that:

a) I hereby give permission for the child/young person to apply for the i.am program.

b) The information I have provided is correct; and

c) I have been given a Policy Statement. I understand and consent to New Horizons managing the child/young person's personal information (including sensitive information) in accordance with New Horizons' Privacy Policy.

Name of parent/legal guardian: _____

Signature of parent/legal guardian: _____ Date: _____

For the service provider/referrer:

By completing and submitting this referral, I agree that:

a) The child or young person has provided permission for this referral to be submitted; and

b) The information I have provided is correct.

Name of Referrer: _____

Signature of Referrer: _____

Child/Young Person Consent: ☐ Yes ☐ No

Child/Young Person Consent Signature: _____ Date: _____

Thank you,

Your i.am Support Team