



BUNBURY COUNSELLING
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Referral Form

aMaze is a parenting support program delivered to the communities of Bunbury and Collie and within the Greater Bunbury region. It is aimed at improving children’s development and wellbeing and supporting the capacity of those in a parenting role. The program model based on evidence-based practice and programs, to support all domains of family life including: Physical Health; Mental Health and Emotional Wellbeing; Relationships; Material Wellbeing; Learning and Development; Safety; and Spirituality.

REFERAL INFORMATION

Parent Participant (“Client”) of aMaze program:

NAME	DATE OF BIRTH	SEX
ADDRESS		
PHONE		
EMAIL		

Agency/Service Provider/Health Professional making Referral:

NAME	POSITION
ORGANISATION	
ADDRESS	
PHONE	FAX
EMAIL	

Consent for Referral:

Has the parent/family given consent for this referral to be made (Please note this is not mandatory)

Consent for Release of Information

Has the client provided consent for the release of information between our services?

Reason for Referral (as applicable to Physical Health; Relationships; Material Wellbeing; Learning and Development; Safety and Spirituality).

Record of Written Consent

As an addition to this referral being made by _____ (name) from _____ (organisation) I also give consent for information about my family and situation to be shared between these two organisations to ensure that services continue to meet my needs.

Name of person (client) giving Consent

Signature of person giving consent

Record of Verbal Consent (Agency/Service Provider/Health Professional seeking consent)

Verbal consent should only be used where it is not practicable to obtain written consent

I have discussed the proposed referrals with the client.

I am satisfied that the client understands the proposed uses and disclosures, and has provided their informed consent to these.

SIGNED

DATE

NAME

ORGANISATION

ROLE
