



ABN 21 471 474 869  
30 Warne St  
Wellington, NSW 2820  
☎ 02 6845 9310  
✉ [sewbteam@wachs.net.au](mailto:sewbteam@wachs.net.au)

# SOCIAL & EMOTIONAL WELLBEING TEAM

## Parent/Carer Referral Form

A culturally safe place to provide holistic care from a multi-disciplinary team.

### CHILD'S DETAILS

Name:

Date of Birth:  /  /  Age:  Sex:  M  F

Address:

Client attends:  Day care  Preschool  School at

Medicare Number:  Reference No.:  Expiry:

Client is:  Aboriginal or Torres Strait Islander  Neither

### PARENT/ CARER DETAILS

Name:  Relationship to child:

Address:

Phone:  *mobile*  *home*  *work*

Email:

What are the best times to call?

### REASONS FOR REFERRAL

### WHAT SERVICES DOES YOUR CHILD REQUIRE?

Counselling  Family Violence  Mental Health Support  Schooling Support  
 Transition to School  Alcohol & Other Drugs  Social & Emotional Support  Group Support

### PARENT/ CARER CONSENT

Parent/ Carer's Name:

Parent/ Carer's Signature:  Date:  /  /

Verbally – by phone