

Registration Form – Mental Health and Wellbeing and Family & Counselling Services

SECTION 1: PERSONAL AND FAMILY DETAILS

Name and details of the person being referred to the service

**For the Supported Contact and Changeover programs, please put parent/caregiver information in this section*

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| First Name: | | Surname: | |
| DOB (DD/MM/YYYY): | | Pronouns: | <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them |
| Gender Identity: | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Different Term <input type="checkbox"/> Prefer not to say | | |
| Do you Identify as LGBTIQA+? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say | | |
| Disability: | <input type="checkbox"/> Yes, please specify: <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychiatric <input type="checkbox"/> Speech/Sensory <input type="checkbox"/> No | | |
| Residential Address: | | | |
| Contact Phone Number: | | Email Address: | |
| Country of Birth: | | Year of arrival in Australia: | |
| Are you of Aboriginal or Torres Strait Islander descent? | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say | | |
| What language(s) do you speak at home? | | Do you need an Interpreter? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Family Structure: | <input type="checkbox"/> Nuclear <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent <input type="checkbox"/> Step/Blended <input type="checkbox"/> Foster <input type="checkbox"/> Grandparent <input type="checkbox"/> Kinship | | |
| If separated how recent or long ago was the separation: | | | |
| If the referral is for a child, please provide the name of the primary contact parent and ensure contact phone and email are provided above. | | | |
| If the referral is for a child or children, are they in out-of-home care? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Details of Relevant Family Members – Children/Siblings/Other Parents/Significant Others

| Full Name (First and Surname) | Gender | DOB (DD/MM/YYYY) | Relationship | Aboriginal or Torres Strait Islander. <i>If yes, please specify.</i> | Country of Birth | Disability. <i>If yes, please specify.</i> |
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SECTION 2: SUPPORT AND AREAS OF NEED - *What Services are you seeking?*

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| <p>Mental Health and Wellbeing</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Grandparents Group (Narrabundah, ACT) <input type="checkbox"/> New Horizons – Outreach Mental Health Child, Adolescent and Family Therapeutic Support (Canberra Region) <input type="checkbox"/> Horizons – Outreach Mental Health Child, Adolescent and Family Therapeutic Support (Eurobodalla Region & Bega) <input type="checkbox"/> Tuning In To Teens – 8-week group - core focus teaching parents/carers emotion coaching skills and focuses specifically on the developmental needs of teenagers. (Narrabundah, ACT) <input type="checkbox"/> Circle of Security Parenting – 8-week group - about helping parents to better understand and respond to their child’s emotional needs and behaviours Please indicate: <input type="checkbox"/> 0 – 4 years <input type="checkbox"/> 5 – 12 years (Narrabundah, ACT) <i>(To be eligible for this program you are required to have minimum 2 hours contact with your child per week)</i> <input type="checkbox"/> Circle of Security Intensive –20-week group (Narrabundah, ACT) Please indicate: <input type="checkbox"/> 0 – 4 years <input type="checkbox"/> 5 – 12 years <i>(To be eligible for this program you are required to live with your child & please note requires filming interactions between the parent and child)</i> |
| <p>Family & Counselling Services</p> | <ul style="list-style-type: none"> <input type="checkbox"/> ARCK Program – Post-Separation Counselling for Parents <input type="checkbox"/> Narrabundah (ACT) <input type="checkbox"/> Moruya (NSW) <input type="checkbox"/> KAYAKS Program – Post-Separation Counselling for Children (6 -18 years) <input type="checkbox"/> Narrabundah (ACT) <input type="checkbox"/> Moruya (NSW) <input type="checkbox"/> Family Skills Individual Counselling – 1:1 counselling for parents or caregivers (Narrabundah, ACT) <input type="checkbox"/> Family Skills Group Program – Adults (Narrabundah, ACT) Please select the specific group/s below: <ul style="list-style-type: none"> <input type="checkbox"/> <i>Working with Strong Emotions for Women</i> <input type="checkbox"/> <i>Working with Strong Emotions for Men</i> <input type="checkbox"/> <i>Resilient Mums/Carers</i> <input type="checkbox"/> <i>Resilient Dads/Carers</i> <input type="checkbox"/> <i>Seasons for Growth</i> <input type="checkbox"/> <i>Navigating Parenting (child in care)</i> <input type="checkbox"/> <i>Navigating Parenting (Limited/No Contact with Child)</i> <input type="checkbox"/> Family and Relationship Counselling Service – Short-term counselling (6-10 sessions) for individuals, couples, and families <input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> Child <input type="checkbox"/> Family Law Counselling – Counselling referrals for individuals, couples and families looking at separating, have separated or are going through divorce/are divorced. <input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> Child <input type="checkbox"/> SPARK Parenting Program – 6-week group program that aims to support parents who are currently going through the journey of separation and post- separation and to be able to co-parent with the children in mind. <i>Only the above Family & Counselling Services programs are covered under Section 10B which defines ‘family counselling’ - For more information see Page 5 - Section 7: Confidentiality, Admissibility & Inadmissibility</i> |
| <p>Section 10B defines ‘family counselling’ as a process in which a family counsellor helps:</p> <p>(a) one or more persons to deal with personal and interpersonal issues in relation to marriage; or, (b) one or more persons (including children) who are affected, or likely to be affected, by separation or divorce to deal with personal and interpersonal issues and/or issues relating to the care of children.</p> | |
| <p>Children’s Contact Program</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Supervised Visits - provides a venue for supervised contact between children and their non-residential parents/guardians. <input type="checkbox"/> Narrabundah (ACT) <input type="checkbox"/> Moruya (NSW) <input type="checkbox"/> Changeovers - provides a venue for changeovers to safely occur between a child’s or children’s parents/caregivers. <input type="checkbox"/> Narrabundah (ACT) <input type="checkbox"/> Moruya (NSW) |



SECTION 3: REFERRAL INFORMATION

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| How were you referred to our services? | | <input type="checkbox"/> Self-referral <input type="checkbox"/> Referred by an Agency <input type="checkbox"/> Agency completing referral | |
| Referring Agency: | | Contact Name: | |
| Contact Number: | | Email Address: | |
| Reason for Referral (if more space is needed, please add pages to the end of the form): | | | |
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| Do you (the client being referred) have any mental health concerns/diagnoses, or are you accessing any other mental health services? | | | |
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SECTION 4: CURRENT LEGAL ISSUES

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| Are there any current Family Law Court Orders or other legal issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: <input type="checkbox"/> Family Law Court Parenting or Consent Orders <input type="checkbox"/> Family Violence Order (FVO) <input type="checkbox"/> Apprehended Domestic Violence Order (ADVO) |
| Are Statutory Child Protection Services currently involved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Legal Guardianship and Access/Living Arrangements | |
| <input type="checkbox"/> Sole Parental Responsibility/Decision Making (granted in Parenting/Consent Orders) | Parent Name: |
| <input type="checkbox"/> Shared Parental Responsibility/Decision Making | Parent Name: Parent Name: |
| What is the formality of your child or children's current living arrangements? | <input type="checkbox"/> Formal <input type="checkbox"/> Informal |
| Please describe your child or children's current living arrangements: <input type="checkbox"/> Full-time with myself <input type="checkbox"/> Full-time with the other parent/caregiver <input type="checkbox"/> 50 /50 <input type="checkbox"/> Other, please provide specific details below: | |
| <i>E.g. 70% time with myself, 30% time with the other parent</i> | |



SECTION 5: CLIENT CONSENT

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| Do you consent to be contacted by program staff via phone call, email, and SMS as part of program registration and intake processes? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you consent to share your personal information, along with any additional forms or documents such as Court Orders or Family Violence Orders, with other programs listed on this form that you choose to participate in? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I understand that the service provider will collect the information in this form, and will subsequently disclose it in de-identified form to the Department of Social Services (DSS) and/or the Attorney-General's Department (AGD) for the explicit purpose of Family Services Provider data collection. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you consent to be contacted by this service provider in the future for follow-up, evaluation, and/or research purposes? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you are referring a client, have you obtained the client's consent to submit this form on their behalf? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Client, Referrer or Staff Signature: | | Date: |

SECTION 6: COLLECTION OF PERSONAL INFORMATION AND SHARING WITH THE DEPARTMENT OF SOCIAL SERVICES (DSS)

The information that we collect from you on this form includes your personal information. Your personal information is protected by law, including by the Commonwealth Privacy Act.

Our use of the Data Exchange (DEX)

The client record system that we are using is an IT system called the 'Data Exchange'. This system is hosted by the Australian Government Department of Social Services (DSS). Your personal information that is stored by DSS on the Data Exchange will only be disclosed to us for the purposes of managing your case.

DSS will only collect your personal information with your consent

Your client record can be set up to include your name and address. This assists us to manage your record, but will require DSS to collect personal information about you. You are not required to provide your name and address to DSS. If you do not consent to the collection of your personal information, this will not affect the services provided to you. You can ask for this information to be removed by DSS at any time.

How DSS uses and discloses personal information in DEX

DSS uses your information in the Data Exchange to produce information for policy development, grants program administration, and research and evaluation purposes. DSS also shares data with organisations and agencies for reporting and research purposes. DSS de-identifies all data before use or disclosure so that it cannot be used to re-identify you.

Further information

For more information about how DSS will manage your personal information, including how you can request access or correction of your personal information or make a privacy complaint, see the privacy policy published on the DSS website.



SECTION 7: CONFIDENTIALITY, ADMISSIBILITY & INADMISSIBILITY

Section 10D of the Family Law Act sets out the circumstances in which communications made in **family & counselling services programs** must or may be disclosed.

Section 10E of the Family Law Act provides that a communication made in **family & counselling services programs** is not admissible in any court or proceedings, in any jurisdiction.

Information that is inadmissible as evidence due to the effect of s10E of the Family Law does not become admissible merely because its disclosure is required or authorised under s10D of the Family Law Act.

However, all personal information gathered by the clinician during the service will remain confidential, except when:

- a. Failure to disclose the information would, in the reasonable belief of your counsellor, place you and/or another person at serious risk to life, health or safety.
- b. Your prior approval has been obtained to:
 1. Provide a written/verbal report to another professional or agency, e.g. a GP or a lawyer, or;
 2. Discuss the material with another person, e.g. a parent, partner or employer.
- c. It is subpoenaed by a court.
- d. Disclosure is otherwise required by law, including putting property at risk or admitting having committed a crime or forming the intention to do so.

Kindly return the completed Registration Form to intake@mccg.org.au. Thank you for your cooperation

