

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

SECTION 1: PERSONAL AND FAMILY DETAILS

Name and details of the person being referred to the service

*For the Children's Contact Program programs, please provide parent/caregiver information in this section

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"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to say		
Disability:	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>please specify</i> : <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychiatric <input type="checkbox"/> Speech/Sensory		
Residential Address:			
Contact Phone Number:		Email Address:	
Country of Birth:		What language(s) do you speak at home?	
Are you of Aboriginal and/or Torres Strait Islander descent?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> No		
Do you identify as Culturally and Linguistically Diverse (CALD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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, when did the separation occur:			
If referring a child, please provide the primary contact parent's name. <i>Please ensure contact phone and email are listed above.</i>			
If referring a child, are they in out-of-home care?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Full Name (First and Surname)	Gender	DOB (DD/MM/YYYY)	Relationship to Person Referred	Aboriginal and/or Torres Strait Islander <i>If yes, please specify.</i>	CALD	Country of Birth	Disability <i>If yes, please specify</i>
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		



SECTION 2: SUPPORT AND AREAS OF NEED - What Services are you seeking?

<p>Children's Contact Program (ACT and NSW)</p> <p><input type="checkbox"/> Supervised Visits – A venue for supervised contact between children and their non-residential parent or caregiver. <i>Please indicate:</i> <input type="checkbox"/> Narrabundah, ACT <input type="checkbox"/> Moruya, NSW</p> <p><input type="checkbox"/> Changeover – A venue for changeovers to occur safely between children and parents or caregivers. <i>Please indicate:</i> <input type="checkbox"/> Narrabundah, ACT <input type="checkbox"/> Moruya, NSW</p>
<p>Mental Health and Wellbeing (ACT only)</p> <p><input type="checkbox"/> Grandparents Group – Offers support, education and social connection for primary carers of grandchildren aged 0–18.</p> <p><input type="checkbox"/> New Horizons - Outreach mental health child, adolescent and family therapeutic support.</p> <p><input type="checkbox"/> Tuning in to Teens (8-week group) – Parenting program for parents of teenagers aged 11-18 years to help support teens develop emotional intelligence.</p> <p><input type="checkbox"/> Circle of Security Parenting (8-week group) – Assist parents to better understand and respond to their child's emotional needs and behaviours. <i>Eligibility: You have minimum 2 hours contact with your child per week.</i> <i>Please indicate:</i> <input type="checkbox"/> 0 – 4 years <input type="checkbox"/> 5 – 12 years</p> <p><input type="checkbox"/> Circle of Security Intensive (20-week group) – <i>Eligibility: You must live with your child and consent to filming parent-child interactions.</i> <i>Please indicate:</i> <input type="checkbox"/> 0 – 4 years <input type="checkbox"/> 5 – 12 years</p>
<p>Post-Separation Support (ACT and NSW)</p> <p><input type="checkbox"/> ARCK – Post-separation counselling for parents <i>Please indicate:</i> <input type="checkbox"/> Narrabundah, ACT <input type="checkbox"/> Moruya, NSW</p> <p><input type="checkbox"/> KAYAKS – Post-separation counselling for children 6-18 years <i>Please indicate:</i> <input type="checkbox"/> Narrabundah, ACT <input type="checkbox"/> Moruya, NSW</p> <p><input type="checkbox"/> KAYAKS Intensive (ACT only) – Post-separation counselling and group for children 6-18 years impacted by family and domestic violence. <i>Please indicate:</i> <input type="checkbox"/> Individual <input type="checkbox"/> Group Program</p>
<p>Counselling Services (ACT and NSW)</p> <p><input type="checkbox"/> Family Skills Counselling (ACT only) – Individual counselling for parents and caregivers on parenting skills.</p> <p><input type="checkbox"/> Family Law Counselling – For individuals, couples and families who are separating, separated or going through divorce. <i>Please indicate:</i> <input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> Child <i>Location:</i> <input type="checkbox"/> Narrabundah, ACT <input type="checkbox"/> Queanbeyan, NSW <input type="checkbox"/> Moruya, NSW <input type="checkbox"/> Bega, NSW <input type="checkbox"/> Eden, NSW</p> <p><input type="checkbox"/> Family and Relationship Counselling – For individuals, couples and families seeking support on relationship challenges. <i>Please indicate:</i> <input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> Child <i>Location:</i> <input type="checkbox"/> Narrabundah, ACT <input type="checkbox"/> Queanbeyan, NSW <input type="checkbox"/> Moruya, NSW <input type="checkbox"/> Bega, NSW <input type="checkbox"/> Eden, NSW</p>



Adult Group Programs (ACT and NSW)

SPARK Parenting Program – 6-week group to support parents currently going through separation or post-separation.

Please indicate: Narrabundah, ACT Moruya, NSW

Family Skills Parenting Programs (ACT only)

Working with Strong Emotions for Men/Women – 6-week gender specific group to understand and effectively manage strong emotions.

Resilient Mums/Dads/Carers – 4-week gender specific group to strengthen self-care and overall wellbeing.

Seasons for Growth – 4-week mixed gender group to effectively navigate experiences of change, loss and grief.

Navigating Parenting – 4-week mixed gender group to explore parents' roles in supporting children's needs and strengthening family relationships.

Section 10B – 'family counselling' applies only to the **Post-Separation Support and Counselling Services** programs listed above.
See Page 5, Section 7: Confidentiality, Admissibility & Inadmissibility for more details.

Section 10B defines 'family counselling' as a process in which a family counsellor helps:

(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.

SECTION 3: REFERRAL INFORMATION

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):			
Do you (or the client being referred) have any mental health concerns/diagnoses, or accessing any other mental health services?			



SECTION 4: CURRENT LEGAL STATUS

Are there any current Family Law Court Orders or other legal issues?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>please specify</i> : <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	
What is the formality of your child or children's current living arrangements?	<input type="checkbox"/> Formal <input type="checkbox"/> Informal
<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:
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: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <i>E.g. 70% time with myself, 30% time with the other parent</i> </div>	

SECTION 5: CLIENT CONSENT

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
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
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 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 <input type="checkbox"/> N/A
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;
 - Provide a written/verbal report to another professional or agency, e.g. a GP or a lawyer, or;
 - 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.

