Form

Document name	FISH Referral Form (Families)
Document number	SER-FOR-223
Version	4.0
Related policy	SER-POL-039 FISH Policy
Related procedures	SER-PRO-031 FISH Referral Procedure & SER-PRO-027 Unsafe Behaviour Procedure
Responsible S-MT	Services

one tree community services

FISH referral form

Terms and conditions of use

To use the One Tree Community Services Inc. (*Organisation*) Family Information Support and Help (FISH) service, please read and agree to these terms and conditions.

What we do

This service caters for the *Organisation*'s staff, families and carers seeking:

- General, environment or practice support;
- Information on building understanding of a trauma informed practice approach to support children; and/or
- Promoting positive behaviours in children aged 0-12.

This service is not a medical or health information service, nor does it provide therapeutic counselling.

This referral form will be completed by staff and/or families and carers, in consultation with the service Director/Manager.

Further information on the FISH service can be found in the SER-POL-039 FISH Policy and SER-POL-006 Positive Behaviour Support Policy.

Confidentiality

As the recipient of this service, you agree not to forward any communication received through the FISH service. You will not forward or share any information.

There are some limits to maintaining confidentiality as required by law and these are detailed in the *Organisation's* QM-POL-019 Confidentiality and Privacy NQS Policy. The FISH service will also be delivered in adherence to this policy.

Feedback/Complaints

Please email any feedback or complaints to customerservice@onetree.org.au.

☐ I agree with the terms and conditions above _____

Referrer signature

Referrer to complete referral details over the page. Family/carer to only complete if engaged. Referral to be sent within 7 business days of requesting support from FISH Team as per FISH referral procedure.

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Referral details

For the Family/Carer to complete if engaged:

Date:

Child's name (if applicable):

Child's D.O.B:

Does the child have a diagnosis?

☐ Yes ☐ No

Service name:

Parent/carer name:

Family/Carer Signature:

Does the family want FISH support:

☐ Support meeting with FISH practitioners.
☐ Update of support being given at service.
☐ Practical advice/information.

If YES, please give a brief description of support wanted:

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Version History

Version (ISOC only)	Submitted by (SMT)	Change Date (SMT)	Approver (QMT)	Approval Date (QMT)	Description (SMT/QMT/ISOC)
4.0					

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