**Request for Service**

**Organisation:**

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| --- |
| Organisation requesting service: |
| Contact Name: |
| Address: |
| Telephone Land line & Mobile |
| Email: |
| Out of business hours contact details: |

**Services to be provided:**

*Please indicate the services that are required by your organisation*

|  |  |
| --- | --- |
| **Available Services**: | Y/N |
|  | Family Group Conferencing  |  |
|  | Mentoring |  |
|  | Supervised Family Time |  |
|  | Aboriginal Intensive Family Support - *(12-week program)* |  |
|  | Aboriginal Family Support - *(stepdown when DCJ are closing)*  |  |
|  | Aboriginal Alternative Care Arrangement (ACA) |  |
|  | Aboriginal Emergency Care Arrangement (ECA) |  |
|  | Aboriginal Family Finding  |  |
|  | Aboriginal Counsellor |  |
|  | Supervised Transport |  |
|  | Aboriginal Mental Health First Aid Training |  |
|  | NDIS Aboriginal Support Coordination  |  |
|  | Aboriginal Pregnancy Family Conference Facilitation |  |
|  | Winangay placement and carer review Assessments  |  |

**Service Period**

|  |  |
| --- | --- |
| This request commences on: | Concludes on:  |

**Client Information**

|  |  |  |
| --- | --- | --- |
| Name | DOB | Gender |
|  |  |  |
|  |  |  |
|  |  |  |

**Child/Young Persons Essential information**

*(Please provide information of the child/young person that is relevant and essential for the services being purchased):*

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| **Medical/ Allergy Information:** |
|  |
| **Behaviour & Behaviour Management:** |
|  |

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| **Additional information:** *(Child’s special needs* Additional information relating to services to be provided, pick up and drop off address, any safety issues, any known risk associated with home visits, any specific requests re worker gender culture.) |
|  |

**Aboriginality**

*(Please provide information of the child/young person in regards to their Aboriginality):*

|  |
| --- |
| **Country:** |
|  |
| **Totem:**  |
|  |

**Carer’s Details**

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| --- |
| Name: |
| Address: |
| Telephone:  | Mobile: |
| Email: |
| Comments: |