

Peninsula Dispute Resources

Referral Form for FGC /Conference / Mediation

Referrer Information						
Date of referral						
Name and role of referrer						
Referrer Organisation						
Referrer contact details (phone & email)						
Consent – referral information	I confirm that the below named have consented to information being shared with FGC and being contacted directly by FGC ☐ Yes ☐ No					
Referral Type (You may tick multiple boxes if unsure)						
☐ Family Group Conferencing ☐ Mediation ☐ Pre Hearing Planning ☐ Other						
Would your agency like to attend the meeting? ☐ Yes ☐ No ☐ Maybe						
Client Information – primary client to be contacted						
Surname						
First name						
Date of birth						
Address						
Phone number	Preferred/best time to contact the client?					
Email address						
Gender Identity / pronouns	☐ Female ☐ Male ☐ Other _____					
Role/Relationship:						
Family Network						
Surname	Given name	DOB	Gender - pronouns	Address & phone	R/ship to client	Consent provided
Children and Young People						
Surname	Given name	DOB	Gender - pronouns	Address & phone	Resides with	
Professional Network						
Name	Agency		Contact Details		Role	

Cultural Identity		
Do any family members identify as Aboriginal and/or Torres Strait Islander? ☐ No ☐ Yes Details _____		
Does the client/family wish to engage with Aboriginal specific support services? ☐ Yes ☐ No ☐ Unknown		
Family Cultural Background		
Primary language spoken at home		
Does the client require an interpreter		☐ Yes ☐ No Details:
Other Intersections		
Does the client have a disability?	☐ Yes ☐ No ☐ Unknown	Details:
Are there any Intervention Orders in place?	☐ Yes ☐ No ☐ Unknown	Details:
Has a MARAM been completed?	☐ Yes ☐ No ☐ Unknown	Details:
Are there any other Court Orders in place?	☐ Yes ☐ No ☐ Unknown	Details:
Is there an upcoming Court Hearing? List dates and nature of hearings	☐ Yes ☐ No ☐ Unknown	Details:
Are there any worker safety issues?	☐ Yes ☐ No ☐ Unknown	Details:
Is there a preferred venue for the Conference? <i>Agency meeting room / Online / Community Centre / School</i>	☐ Yes ☐ No ☐ Unknown	Details:
Interpreter required? Can the agency fund and provide?	☐ Yes ☐ No ☐ Unknown	Details:
Reason for Referral		
Background		
Current Situation		
Strengths / Protective Factors		
Concerns (what are the “bottom lines”)		

Information about the child/ren
(Inc. health, diagnosis, behaviours)

Relationships
(Inc. family dynamics, between parents, extended family, important professionals)

Any other information we should know
(Inc. what might support/ hinder process/ time restrictions)

Do you require a copy of the Family Plan or report post Conference (with participant consent)?
☐ Yes ☐ No

Documents attached:

☐ MARAM assessment ☐ Safety Plan ☐ Court Order ☐ Genogram ☐ Other risk
assessment ☐ IVO ☐ Other _____

Please send completed referrals to refer@peninsuladr.com.au

Save as a PDF with a password and include your telephone number in your email so that we can contact you to obtain the password.

Your agency may have a set document password

We will be in contact within 3 days to arrange an intake call