



Please tick which parenting program you are referring for:

- Circle of Security – 8 week program designed to help parents better understand and communicate with their children  
 Tuning into Kids – 6 week parenting program that focusses on the emotional connection between parents and children, helping parents to develop emotional intelligence in their child  
 Women’s Group – Safe Space for Women
- It is acknowledged that this referral is only for attendance at the above listed group parenting program and not for broader FIS services. A brief file note will be provided to the CSO following each program attendance or non-attendance.
- I confirm that consent for this referral has been obtained from the parent/s.

Once the referral form has been received by ICH, a decision regarding capacity, eligibility criteria and suitability for the program. ICH will notify the referrer of acceptance or non-acceptance of the referral and the planned program start date.

## Referral Details

Date of Referral		CSSC	
Child Safety Officer name and email			
Senior Team Leader name and email			
Parent/s Name			
Parent/s Contact Details			
Type of Intervention	<input type="checkbox"/> IPA	<input type="checkbox"/> CPO	<input type="checkbox"/> SSC

Please provide a brief description of the family’s circumstances to assist the facilitator in tailoring the parenting program

## Risks

<b>Are there any known safety risks</b>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b>
<b>If yes, please provide details:</b>	
<b>Learning outcomes sought</b>	
Please send completed form and attachments to <a href="mailto:FIS@ICH.org.au">FIS@ICH.org.au</a>	