

# Strong Families Safe Kids Advice and Referral Line Printable Contact Form

I. Child information		
Last name:	First name:	Any other names used:
1.		
2.		
3.		
Date of Birth or Estimated date of delivery (DD/MM/YY):	Gender:	Aboriginal and Torres Strait Islander:
1.		
2.		
3.		
Is English their first language? Child Yes / No Parent Yes / No	If no, please specify preferred language:	
Current School:	Child Care / Family Day Care	
Current Address:	Previous address (if known):	
Home telephone:	Mobile telephone:	





## 2. Who else lives in the home with the child and parent?

Name	Relationship to child	Date of Birth DD/MM/YY	School/ preschool	Does this person hold parental responsibility?

Is the child being looked after by someone other than their birth parents?

Yes / No

If Yes, give details of who they are being looked after by, the relationship to the child, when this arrangement commenced and for how long it is intended to be in place.

## 3. What are you worried about?

What has happened to the child that makes you worried?

What help do you think the child or parent might need?



### 3. What are you worried about? (continued)

What do you think needs to change for the child so that the risk to them is reduced?

What has been tried to reduce the risks?

### 4. Do you have any other relevant information you think we need to know about?

### 5. Contact Information (Your Details)?

If you are a member of the public, do you feel safe for someone from the Advice and Referral Line to call for a follow-up conversation? If yes, please provide your name and phone number.

Name:

Phone:

If you are contacting in a professional capacity, please provide your name and contact number for a follow-up conversation.

Name:

Phone:

### 6. Do you know if the family or child is engaged with any professional support or service, such as a family support worker, mental health worker, school social worker or psychologist?

Practitioner name	Job Title / Role	Agency	Phone no/ contact details



## 9. Submitting your form

You can submit your form by one of the following methods:

Fax the form to	(03) 6173 0288
Email a scanned copy of the form to	DCT-SFSKAR@communities.tas.gov.au
Mail the form to	Strong Families Safe Kids Advice and Referral GPO Box 65 HOBART TAS 7001

## 10. What to expect next

The Advice and Referral team will read this form and decide on a course of action. This is likely to include making contact with you if you have provided your details to talk about your worries. The Advice and Referral team may also contact the family to talk about the worries and offer support.

If you have concerns for the safety or welfare of a child, call the **Advice and Referral Line** on **1800 000 123**.

If a child is at immediate risk and Police or medical assistance is required, dial **000**.

For urgent matters, where a child or young person needs immediate protection, please call at any time.

Our general business hours are 8:30am and 5:00pm Monday to Friday, with after hours on-call services available for urgent calls.

**If English is not your first language, you can call the Telephone and Interpreter Service on 131 450 for assistance.**