**REFERRAL FROM EXTERNAL AGENCY**

**OPG LEGAL SERVICES – CHILD & YOUNG PERSON TEAM**

**NAME OF REFERRER:** Click or tap here to enter text. **REFERRAL DATE:** Click or tap to enter a date.

**CONTACT DETAILS OF REFERRER:** Click or tap here to enter text.

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| **NAME OF CHILD / YOUNG PERSON:**  | Click or tap here to enter text. |
| **GENDER:** Choose an item.*Gender identity and pronoun information:* Click or tap here to enter text. | **DOB:** | Click or tap to enter a date. | **AGE:** | Click or tap here to enter text. |
| **Aboriginal:** | [ ]  | **Torres Strait Islander:** | [ ]  | **Aboriginal & Torres Strait Islander:** | [ ]  | **Unknown:** | [ ]  | **CALD:** | [ ]  |
| **DISABILITY:** | Click or tap here to enter text. |
| **PLACEMENT ADDRESS:** | Click or tap here to enter text. |
| **CONTACT DETAILS (ALL KNOWN):** | Click or tap here to enter text. |
| **CARER(S) NAMES:** | Click or tap here to enter text. | **PLACEMENT TYPE:** Choose an item. |
| **SIBLINGS:** | Click or tap here to enter text. |
| **MOTHER:** | Click or tap here to enter text. | **FATHER:** | Click or tap here to enter text. |
| **CURRENT CP ORDER:** | Choose an item. | **CSSC:** | Click or tap here to enter text. |
| **CSO:** | Click or tap here to enter text. | **T/L:** | Click or tap here to enter text. |

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| **HAS THE REFERRER EXPLAINED TO THE YOUNG PERSON THE ROLE OF THE CHILD ADVOCATE AND PROVIDED THE** [**CHILD ADVOCATE – LEGAL OFFICER FACTSHEET**](https://www.publicguardian.qld.gov.au/__data/assets/pdf_file/0008/572453/OPG-Factsheet_How-a-child-advocate-legal-officer-help-carers-and-stakeholders.pdf) **TO THE YOUNG PERSON?** [ ] YES [ ] NO  |
| **DOES THE YOUNG PERSON KNOW ABOUT, CONSENT TO AND WANT THE REFERRAL TO A CHILD ADVOCATE?**[ ]  YES [ ]  NO  |
| *The referral will be refused if the young person does not consent to the referral and there is no basis for non-instructed advocacy.*REASON THE YOUNG PERSON CANNOT CONSENT/ BASIS FOR NON-INSTRUCTED ADVOCACY (if applicable)Click or tap here to enter text. |
| **REFERRAL ASSESSMENT TIMEFRAME***Please allow* ***two weeks*** *for the referral to be assessed depending on the complexity of the matter and the information supplied. If you consider the matter is urgent, please phone 07 3738 9440 to discuss.* |
| **REASON FOR REFERRAL:** |
| What is the legal issue? | **SUMMARY OF LEGAL ISSUE:**Click or tap here to enter text.**CHILD PROTECTION PROCEEDINGS ONLY:** * Does the young person want a child advocate to assist them to participate, in preference to the separate representative or the Child Safety Officer? [ ]  YES [ ]  NO
* If the young person wants a direct representative, please assist the young person to make an application to Legal Aid Queensland (LAQ): [LAQ Application](https://www.legalaid.qld.gov.au/files/assets/public/about-us/laq-application-form.pdf)

**YOUTH JUSTICE PROCEEDINGS ONLY:** *Note that a child advocate cannot represent a young person directly in these proceedings, and the young person must have a direct representative. You can help the young person to call LAQ’s Youth Hotline 1800 527 527 for legal advice and make an application to LAQ:* [LAQ Application](https://www.legalaid.qld.gov.au/files/assets/public/about-us/laq-application-form.pdf)* Does the young person have a direct representative lawyer? [ ]  YES [ ]  NO
* If the young person has a direct representative lawyer, please provide the name and contact details. Click or tap here to enter text.
* Does the young person want a child advocate to assist them **in addition to** their direct legal representative? [ ]  YES [ ]  NO
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| **MATTER TYPE(S):** |
| [ ] CHILD PROTECTION PROCEEDING | [ ] PLACEMENT | [ ] CHARTER/ STANDARDS  |
| [ ] QCAT | [ ] EDUCATION | [ ] CONTACT |
| [ ] TRANSITION TO INDEPENDENCE  | [ ] YOUTH JUSTICE | [ ] OTHER |
| [ ] RESPOND TO APPLICATION FOR ADVANCE APPOINTMENT OF GUARDIAN/ ADMINISTRATOR  |
| **COURT OR TRIBUNAL PROCEEDINGS** |
| COURT/ TRIBUNAL DATE: | Click or tap to enter a date. | LOCATION: | Click or tap here to enter text. | TIME: | Click or tap here to enter text. |
| CONTACT PERSON (DCPL, OCFOS OR CRT SRVCS): | Click or tap here to enter text. |
| TYPE OF APPLICATION OR MATTER: | Click or tap here to enter text. |
| SEPARATE REPRESENTATIVE: | NAME: Click or tap here to enter text. |
| [ ]  YES [ ]  NO [ ]  UNKNOWN | CONTACT DETAILS: Click or tap here to enter text. |