



### 64716 F&C Group Work Participant Agreement and Intake Proforma

<b>Facilitator conducting intake:</b>			
<b>Group:</b> (if 'Other' please specify)	Select	<b>Day and Time</b>	<i>Weekly (Number) weeks on (Day, Time)</i>
<b>Location</b>	<i>Online/ at Location.....</i>	<b>Client confirmed they can attend sessions:</b>	Select

<b>Date/Time of call and Discussion Notes: (these will be added to a session by FSPA, to account for hours and keep record of call)</b>	
•	
<b>Date/Time Client Information Brochure Emailed to Participant:</b>	

<b>Primary Client Details and CSnet Mandatory Data</b>			
<b>Full Name:</b>			
<b>Gender:</b>	Select OR <input type="checkbox"/> CSnet is accurate	<b>DOB:</b>	OR <input type="checkbox"/> CSnet is accurate
<b>Contact Number (must be added to "mobile number" field in CSnet):</b>	OR <input checked="" type="checkbox"/> CSnet is accurate	<b>Email Address:</b>	OR <input type="checkbox"/> CSnet is accurate
<b>Full Address:</b>	OR <input type="checkbox"/> CSnet is accurate	<b>Role in Family:</b>	Select
<b>In Which Country Was the Client Born:</b>	OR <input type="checkbox"/> CSnet is accurate	<b>First Nations Status:</b>	Select OR <input type="checkbox"/> CSnet is accurate
<b>Eligible for NDIS:</b>	Select OR <input type="checkbox"/> CSnet is accurate	<b>Are you court mandated to attend this group program? Max 2 per group</b>	Select <i>If yes, outline attendance &amp; engagement rules.</i>
<b>Main Language Spoken at Home:</b>	OR <input type="checkbox"/> CSnet is accurate	<b>How Well Does the Client Speak English:</b>	Select
<b>Interpreter:</b>	Select	<b>Housing Type: (if selecting 'Other' please specify)</b>	Select
<b>Housing Tenure:</b>	Select	<b>Type of Household:</b>	Select



### 64716 F&C Group Work Participant Agreement and Intake Proforma

<b>Do you, or any family members that you live with, hold a Health Care Card?</b>	Select OR <input type="checkbox"/> CSnet is accurate	<b>Source of Income:</b>	Select
<b>Emergency Contact</b> (Please ensure Emergency Contact details are included in the 64322 Client Consent Form)			
Name:	Phone number:	Relation:	

<b>Child/Young Person under 18 details and CSnet Mandatory Data</b>			
Include the child most relevant to case objective – details must be recorded for at least one child.			
<b>Full Name:</b>	OR <input type="checkbox"/> CSnet is accurate	<b>Gender:</b>	Select OR <input type="checkbox"/> CSnet is accurate
<b>DOB:</b>	OR <input type="checkbox"/> CSnet is accurate	<b>Full Address:</b>	OR <input type="checkbox"/> CSnet is accurate
<b>First Nations Status:</b>	Select OR <input type="checkbox"/> CSnet is accurate	<b>Eligible for NDIS:</b>	Select OR <input type="checkbox"/> CSnet is accurate
<b>Role in Family:</b>	Select	<b>Relationship to this Primary Client:</b> (if selecting 'Other' please specify)	Select OR <input type="checkbox"/> CSnet is accurate
<b>Resides with Primary Client:</b>	Select OR <input type="checkbox"/> CSnet is accurate	<b>MCHN Involvement:</b> (if child aged 0-4 years old)	Select
<b>Child's Daycare/ Education/ Employment:</b>	Select	<b>Number of Days Child Enrolled/Engaged in Activity:</b>	
<b>Attending antenatal appointments regularly:</b> (if child is unborn)	Select	<b>Child/Young Person is attending the group:</b>	Select

<b>Additional Child/Young Person under 18 details and CSnet Mandatory Data</b>			
Include the child most relevant to case objective – details must be recorded for at least one child.			
<b>Full Name:</b>	OR <input type="checkbox"/> CSnet is accurate	<b>Gender:</b>	Select OR <input type="checkbox"/> CSnet is accurate
<b>DOB:</b>	OR <input type="checkbox"/> CSnet is accurate	<b>Full Address:</b>	OR <input type="checkbox"/> CSnet is accurate
<b>First Nations Status:</b>	Select OR <input type="checkbox"/> CSnet is accurate	<b>Eligible for NDIS:</b>	Select OR <input type="checkbox"/> CSnet is accurate
<b>Role in Family:</b>	Select	<b>Relationship to Primary Client:</b> (if selecting 'Other' please specify)	Select OR <input type="checkbox"/> CSnet is accurate
<b>Resides with Primary Client:</b>	Select OR <input type="checkbox"/> CSnet is accurate	<b>MCHN Involvement:</b> (if child aged 0-4 years old)	Select



**64716 F&C Group Work Participant Agreement and Intake Proforma**

<b>Child's Daycare/ Education/ Employment:</b>	Select	<b>Number of Days Child Enrolled/Engaged in Activity:</b>	
<b>Attending antenatal appointments regularly: (if child is unborn)</b>	Select	<b>Child/Young Person is attending the group:</b>	Select

<b>MAAP Survey Questions:</b> Please rate the following four questions between 1-5, with 1 being strongly disagree, 3 being mixed feelings and 5 being strongly agree:	
<b>I have confidence as a parent:</b>	Select
<b>I know I am doing a good job as a parent:</b>	Select
<b>I have the skills necessary to be a good parent to my child:</b>	Select
<b>I can stay focused on the things I need to do as a parent even when I have had an upsetting experience:</b>	Select

<b>CoS, TiK and TinT Only</b> <i>Advise that if all sessions are not attended by the participant, they will not be issued with a certificate of completion.</i>	<b>Confirmation of understanding:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---

<b>REQUIRED for online groups</b>	<p><b>Online Participant Verbal Agreement:</b> <i>'You have been informed that I am calling from Family Life to discuss your referral into (Group Name). Do you give your agreement to this referral and participation in the group?</i></p> <p><i>If you have any concerns, you can contact your facilitator outside of the scheduled group time.</i></p> <p><i>Do you understand and agree to the above statements and are you willing to proceed?'</i></p> <p><b>Confirmation of understanding: Yes <input type="checkbox"/> No <input type="checkbox"/></b></p>
<b>Practitioner Signature:</b>	
<b>Date:</b>	