



Njernda Aboriginal Corporation

CRADLE TO KINDER

INTAKE ASSESSMENT FORM

PERSONAL PARTICULARS: (as per referral form)

PARENT'S NAME (1): _____ DATE OF BIRTH: _____

PARENT'S ADDRESS: _____

PHONE/CONTACT DETAILS: _____

CULTURAL IDENTITY:

ABORIGINAL

TORRES STRAIT ISLANDER

OTHER

PARENT'S NAME (2): _____ DATE OF BIRTH: _____

PARENT'S ADDRESS: _____

PHONE/CONTACT DETAILS: _____

CULTURAL IDENTITY:

ABORIGINAL

TORRES STRAIT ISLANDER

OTHER

SUPPORT PERSON: _____ R/SHIP: _____

ADDRESS: _____

PHONE/CONTACT DETAILS: _____

EMERGENCY CONTACT (IF DIFFERENT TO ABOVE): _____

R/SHIP: _____

ADDRESS: _____

PHONE/CONTACT DETAILS: _____

How many weeks pregnant? _____ OR Age of Newborn: _____

OTHER CHILDREN:

- 1. _____ DOB: _____ Age: _____
- 2. _____ DOB: _____ Age: _____
- 3. _____ DOB: _____ Age: _____
- 4. _____ DOB: _____ Age: _____

Are the other children staying at home or somewhere else? If so where are they staying and who with?

Is there any involvement with Child Protection/Family Services? Please provide contact details.

Are you currently?

- Single Married Living with Partner
- Separated/Divorced/Widowed Other

Please describe your current living arrangements? Who do you live with?

Do you currently have any other family support?

Are there any legal orders in place that we should know about? (*Intervention Orders, Family Law Orders, Protective Orders?*)

Are you currently?

Employed Unemployed Student

Are you receiving a payment? Yes No

If yes what type: _____

Do you require any assistance regarding your finances: (*Budgeting, Centrelink, Sheriff, Bills, Housing*)

Do you have a licence? Yes No

If not would you like assistance to obtain your licence? Yes No

PERSONAL GOALS:

What do you hope to achieve whilst working with Cradle to Kinder?

What area's do you think you will require the most support in?

- Parenting
- Identifying your Family needs
- Strengthening Cultural Connections
- Building Community Connections
- Mental Health and Wellbeing
- Understanding Child Development
- Prenatal Care
- Antenatal Care
- Developing a Child Safe Environment
- Developing Positive Parent/Child Relationships
- Other: _____

What services are you already linked in with? (*Medical, Maternal, Mental Health, Other*)

Are there other services you would like to connect with? (*Mums & Bubs, Prenatal/Antenatal Care, Berrimba, Kinder/Schools*)

Medical Overview:

Are there any medical conditions/ we should be aware of? (Diabetes, Asthma, Eczema, Hepatitis, Epilepsy)

Do you currently have any mental health issues? (Depression, Anxiety, Trauma, Nightmares, Insomnia)

Yes No

Are you currently taking medication for it or undergoing treatment of any kind?

Yes No

If yes, give details? _____

Have you ever experienced a problem with alcohol, drugs or prescription medication?

Yes No

If yes, please explain: _____

Have you had any problems related to use of alcohol/drugs in the past year?

If yes, please explain: _____

Do you currently smoke cigarettes? Would you like help to quit?

Are there any other significant health/safety issues for yourself/Cradle to Kinder staff/Others?

Interest and Activities:

Please describe your personal strengths and what your current interests/hobbies are?

Other Information you feel is important and wasn't asked about that you would like to share?

CLIENT(S) DECLARATION:

Client(s) Signature: _____ Date _____

Partner(s) Signature: _____ Date _____

Cradle to Kinder Coordinator: _____ Date _____

Early Years Manager: _____ Date _____

Have you been provided with information about:

- Cradle to Kinder Program Yes/No
- Njernda Services Yes/No
- Privacy Statement Yes/No
- Privacy Rights & Confidentiality Agreement Yes/No
- Consent Form Yes/No
- Complaints and Grievance Form Yes/No

Njernda Aboriginal Corporation

CRADLE TO KINDER

YOUR PRIVACY RIGHTS & CONFIDENTIALITY AGREEMENT

The Njernda Aboriginal Corporation (NAC) will make every effort to uphold the highest standards of confidentiality with your privacy/rights always in mind.

Information shared by you belongs to you. NAC Workers will only discuss your information with other NAC Workers/Support Workers if we have your permission. Discussion between other workers is always for the purpose of designing the best service for you.

Meetings with other persons regarding your situation will not take place unless you are present or have given permission.

Unless ethical or legal reasons prevent us, any information we receive will always be reported to you. NAC will not seek information about you unless you have also given us permission.

For legal reasons NAC maintains a folder of your personal information and notes of the work NAC does with you. The folder will only be seen by your NAC worker or yourself unless you have stated otherwise. You are also able to check your folder by request.

The Njernda Aboriginal Corporation is also required to maintain computerized summary records – these can also be checked at your request.

Funding bodies sometimes require NAC to provide statistical information which may include your name.

I / We have read the Njernda Aboriginal Corporation's commitment to confidentiality and have discussed this with the worker.

I / We understand and accept this privacy agreement between myself and the Njernda Aboriginal Corporation.

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

Workers Signature: _____ **Date:** _____



Njernda Aboriginal Corporation

CRADLE TO KINDER

CONFIDENTIAL EXCHANGE RELEASE OF INFORMATION CONSENT FORM

This agreement is between _____

and _____ of the Njernda Aboriginal Corporation

I give _____ permission to contact the following people

- | | |
|---|----------|
| <input type="radio"/> Njernda Family Services Team | Yes / No |
| <input type="radio"/> Njernda Medical Services/Koori Maternity Staff | Yes / No |
| <input type="radio"/> Support Person Listed | Yes / No |
| <input type="radio"/> Doctor/Maternal & Child Health/Echuca Regional Health | Yes / No |
| <input type="radio"/> Njernda Housing Worker | Yes / No |
| <input type="radio"/> Njernda Drug & Alcohol Worker | Yes / No |
| <input type="radio"/> Department of Human Services/Child Protection/Child First | Yes / No |
| <input type="radio"/> Berrimba Childcare Centre, KPSA, Best Start | Yes / No |
| <input type="radio"/> Educational Services (Kinder/School, KESO'S) | Yes / No |
| <input type="radio"/> Other Persons/Organisations | Yes / No |

I give my permission for information about myself to be shared only with the persons named above.

I reserve the right to withdraw my permission at any time

Clients Name: _____

Clients Signature: _____ **Date:** ____ / ____ / ____

Workers Name: _____ **Date:** ____ / ____ / ____

Workers Signature: _____ **Date:** ____ / ____ / ____

Date Consent Given: _____

Expiry Date: _____

This information consent form can be altered at anytime



Njernda Aboriginal Corporation

CRADLE TO KINDER

PRIVACY STATEMENT

The Njernda Aboriginal Corporation collects information when involved with the following community services and activities:

- Child, Youth and Family Services
- Residential and Home Based Care
- Home and Community Care
- Advocacy and Advisory Services
- Community Capacity Building
- Training
- Fundraising
- Emergency Relief
- Housing and Emergency Housing

Njernda Aboriginal Corporation adheres to the following Federal and State Legislation:

- Information Privacy Act 2000 (Victoria)
- Health Records Act 2001 (Victoria); and
- Privacy Amendment (Privacy Sector) Act 2000 (National)

In providing our services, personal and sensitive information is collected, held and maintained by Njernda. Your privacy is important to us and we are committed to protecting the information we collect, monitoring its integrity.

Information collected by the Njernda Aboriginal Corporation will be used only for the primary purpose intended includes confidentiality, the information will be retained as such, unless otherwise required by law.

At times, we are obliged to forward information to, or, create reports for the service providers or government departments. Disclosure of such information is in accordance to our written policies and limited to the intended purpose, as agreed with the Njernda Aboriginal Corporation.

By law, you are generally entitled to access your personal information that we keep on record. You can request more information about our Privacy Policy and find out how to access information held by Njernda Aboriginal Corporation by contacting the Njernda Family Service Manager at:

86 Hare Street, Echuca Vic 3564
Phone: 03 5482 6566

If at any time we change our Privacy Policy, we will post the policy out to you so that you are kept fully informed.



Njernda Aboriginal Corporation

CRADLE TO KINDER

COMPLAINTS & GRIEVANCES FORM

This form is to be filled out by a person who wishes to make a complaint about the behaviour or actions of an employee or a person who is a Director of the Njernda Aboriginal Corporation.

OFFICE USE ONLY

Date Form received by Corporation: _____/_____/_____
Date Entered into the Register: _____/_____/_____
Date Letter of Acknowledgment Sent: _____/_____/_____
Date Investigation Panel Formed: _____/_____/_____
Date Findings & Outcome Letter Sent: _____/_____/_____
Date Dealt with by COM: _____/_____/_____

Part 1 ~ Complaints Personal Details

Name: _____

Address: _____

Town: _____ State: _____ Postcode: _____

Part 2 ~ Incident Details

Date: _____/_____/_____ Time of Incident: _____ am/pm

Location of Incident: _____

Name/s of Staff Member/s or Director/s involved in incident:

1. _____

2. _____

3. _____

Name/s of Staff Member/s or Director/s involved in incident:

1. _____ Phone No: _____

2. _____ Phone No: _____

3. _____ Phone No: _____

