

Child Development Team – Sparks Referral Form

Email referral: HNELHD-ChildDevelopmentTeam@health.nsw.gov.au



Health
Hunter New England
Local Health District

Sparks is a service for children under 10 years displaying problematic sexualised behaviours, and their families. It is part of the Child Development Team, a multidisciplinary assessment service.

PLEASE FILL THE FORM OUT ELECTRONICALLY AND RETURN TO TEAM VIA EMAIL.

Date of Referral	
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Child's Information

Surname		Given name			
Date of birth		Age		Gender	
Home address					
Does the child identify as					
Aboriginal	Torres Strait Islander		Culturally and linguistically diverse		
Interpreter required?	Language				

Contact Person

Name		Relationship to Child	
Legal guardian of child?		Is the Child in out of home care e.g. foster care, kinship care, adopted?	
Mailing address			
Phone number		Email	

Consent

This referral cannot be processed without the consent from either the child's parent or legal guardian		
Name	Parent	Legal Guardian

Who Lives with the Child

	Name, Age, Relationship to Child		Name, Age, Relationship to Child		Name, Age, Relationship to Child
1		4		7	
2		5		8	
3		6		9	

Referrer Details

Surname		Given name	
Title/relationship to Child			
Agency name			
Mailing address			
Phone number		Email address	

Please Attach Relevant Documents

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GP Details (if different from referrer)

Surname		Given name	
Mailing address			
Phone number		Email address	

As a general guide the Sparks Team will accept referrals for children aged under 10 at the age of referral, who have displayed problematic or harmful sexual behaviours. Children must reside within the Newcastle, Lake Macquarie, Raymond Terrace, Maitland, or Cessnock Local Government Areas.

Please outline the problematic or harmful sexual behaviour you are concerned about. Be clear and factual in your description as this helps us in our intake and triage processes.
Please detail what the responses have been to date, and any safety planning that has commenced.
Background and psychosocial information of the child and family.
Please detail any other relevant concerns.
Please detail all other services that are now, and have been, involved. Please include all service provision, not only those related to sexualised behaviour or current concerns.