



Therapeutic Life Story Work Referral: NSW

Agency Requesting:	
Contact person:	
Current Case Manager:	
Email address of Case Manager:	
Identified reasons for TLSW:	
Is the child/young person aware of this referral: (if not please provide a reason)	
Is the carer aware of this referral: (If not please provide a reason)	

1. Child/Young Person Details;

Child/ Young person:	
Date of Birth:	
Address:	
Placement Type:	
Duration of current placement	
Culture/ Religion	



2. Placement Details

Name of Carer/s	
Contact number:	
Culture/Religion:	
Language spoken:	
Is an interpreter required:	
Household Members: (name, age and relation)	
Any reportable conduct allegations that are current: (please provide details)	
Is the carer the identified person who will be the third person at each session:	

3. Information required

Will viewing of files held by agency be given:	
Do you have information from DCJ files in relation to removal of the child/young person:	
Are you willing to submit Chapter 16A's if required:	
Does child/young person have contact with birth mother:	
Does child/ young person have contact with birth father:	
Who else is identified as a significant other in the child/young persons life :	



Please provide a brief profile of the child/young person (living situation, engaged in education, works with case worker, birth family and relationship with carer)

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4. Timeframes

Requested time frame to commence work:	
Any further comments	

Referral completed by:	
Date:	

Please submit your referral to: admin@caringwithcarers.com.au