**Appendix VI**

**Referral Form for**

**KID First Specialised Co-parenting Support Centre Services**

(\*HK/KE Cluster)

Referring Agency / Service Unit : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No./Fax No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Particulars of Father and Mother**

|  |  |  |
| --- | --- | --- |
|  | Father | Mother |
|  | Put a 「✓」in ❒ for the principal client of referrer (if applicable) |
| Name (Chinese) (English) | ❒   |  ❒   |
| Age / Date of Birth |  |  |
| H.K.I.C. No.  |  |  |
| Nationality |  |  |
| Use of language |  |  |
| Year arrived in HK |  |  |
| Tel. No. (Home) (Office) (Mobile Phone) |     |     |
| Home Address |  |  |
| Education Level |  |  |
| Occupation |  |  |
| Year of Marriage / Cohabitation |  (Year, e.g. 2000) |
| Date of Separation / Divorce (if applicable) |  (Year/month, e.g. 2000/01) |
| Health and Emotion condition(Please specify any disability, physical injuries, chronic illness, suicidal ideation, emotional problem and current condition) |  |  |
| Remarks(Please specify other relevant information)  |  |  |

1. **Family Composition** (i.e. children and other significant family members living with father and mother)

|  | Name(Both English and Chinese) | Relationship with[\*e.g. son/daughter (close/fair/detached)] | Sex | Age /D.O.B. | Education /Occupation(Position) | Living with (Please「✓」wherever applicable) | Remarks (e.g. any disability, health/behavioural problem, special needs etc.) |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Father | Mother | Father  | Mother | Others (plsspecify)  |
| 1. |  | Son(fair) | Son(close) |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

1. **Brief History of Parents’ Relationship (**please put a 「✓」in ❒)

|  |  |
| --- | --- |
| 3.1 Major Reason(s) for \*Separation / Divorce |  |
| 3.2 Filing of Divorce Petition | ❒ Yes ❒ No  |
| 3.3 \*Domestic Violence / Suspected Child Abuse (the latest incident/weapon used/MDCC held, if applicable) | ❒ Yes ❒ NoDate/Event/\*DV/Suspected Child Abuse incident:   |
| 3.4 Risk Level assessed by Referrer | ❒ High ❒ Moderate ❒ Low |
| 3.5 Intensity of Conflict between both parents | ❒ High ❒ Moderate ❒ Low**(**please specify the major conflict:  ) |

\* Delete as appropriate

1. **Perception/Attitudes towards the arrangement of co-parenting service**

|  |  |  |
| --- | --- | --- |
|  | **Acceptance Level** | Remarks  |
| **4.1 Father** | ❒ Low ❒ Moderate ❒ High  |  |
| **4.2 Mother** | ❒ Low ❒ Moderate ❒ High  |  |

1. **Recommended Services**
* Co-parenting counseling
* Parenting Co-ordination Service (consent of **both** parents required)

❒ Child Contact/Exchange Service (consent of **both** parents required)

❒ Counselling on children’s emotion and adjustment towards parental separation (consent of both parents is preferable)

❒ Groups/programmes/workshops

1. **Consents Given by Parents**

6.1 By father: ❒ Yes ❒ No

 6.2 By mother:❒ Yes ❒ No

1. **Supplementary Information (if any):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Referrer : |  | Signature of Supervisor: |  |
| Name & Post |  | Name of Supervisor : |  |
| Tel. No. : |  | Date : |  |
| Date : |  |  |  |