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| **Consultation request form for Department of Health & Human Services** |
| **Office of Professional Practice** |

To submit this form, save it locally prior to completion and email to [officeofprofessionalpractice@dhs.vic.gov.au](mailto:officeofprofessionalpractice@dhs.vic.gov.au)

Read the *Office of Professional Practice: guidance note for requesting a case consultation* prior to filling out this form. The guidance note is available on [www.dhs.vic.gov.au/officeofprofessionalpractice](http://www.dhs.vic.gov.au/officeofprofessionalpractice)

Details of person making this request

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| **Date of request:** |  |
| **First name:** |  |
| **Last name:** |  |
| **Phone number:** |  |
| **Email:** |  |
| **DHS Location:** |  |

Authorisation of request

**Endorsement for requests for case consultation required from one of the following:**

Manager Residential Client Services; manager or assistant director Individual and Family Support; manager Complex Clients; operations manager Child Protection; assistant director Child Protection; divisional principal practitioner.

**Case review and service review requests must be authorised by the Divisional Executive Director.**

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| **Name and title:** |  |
| **Signature and date** |  |

Details of client this consultation request relates to (if this is a sibling group please attach extra page with details)

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| **First name:** |  |
| **Last name:** |  |
| **Date of birth:** |  |
| **Is the client Aboriginal or Torres Strait Islander?:** |  |
| **Address where residing (full street address):** |  |
| **Type of care (for example: residential care, foster care, kinship care, shared supported accommodation, respite):** |  |
| **Name of care provider organisation:** |  |
| **Type of order:** |  |
| **CRIS/CRISP number:** |  |

Divisional practice leadership involvement to date

What involvement have divisional specialist practice leaders had with this case to date?

Indicate which practice leaders have been consulted or informed of this referral and advice received.

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| **Divisional practice leaders** | **Consulted** | **Informed** | **Advice received** |
| Disability practice advisor |  |  |  |
| Behaviour Support Service managers |  |  |  |
| Child Protection practice leader |  |  |  |
| Divisional principal practitioner |  |  |  |
| Coordinator High Risk Tenancies team |  |  |  |
| Youth Justice senior practice advisor |  |  |  |

If no divisional practice leaders have been involved to date, provide a brief explanation

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For mandatory consultation requests, provide relevant case information

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| **Category** | **Describe case requirements** |
| **A person with a disability is being detained outside of a legal framework.** |  |
| **Proposed kinship placement where a criminal record check has revealed a Category 1 offence of an adult relevant to the placement.** |  |
| **Child Protection action to be taken in the Supreme Court or County courts.** |  |
| **Sexual exploitation of child protection clients in care.** |  |

Non-mandatory consultation requests – select the consultation you are requesting

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| **Primary case consultation:** directly work with clients, their carers and case managers on complex cases. |  |
| **Secondary case consultation:** provide consultation, advice and recommendations to house supervisors, case managers and case planners regarding complex cases. |  |
| **Case reviews:** formally review an individual case to evaluate practice effectiveness and opportunities for systemic improvement. |  |
| **Service review:** formally review a service to evaluate practice effectiveness and opportunities for systemic improvement in relation to restrictive interventions and compulsory treatment. |  |

Purpose of case consultation request

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| **Explain why you are seeking a consultation and what you want to achieve:** |  |
| **Provide a client overview including issues for discussion (supply attachments as needed):** |  |

For Office of Professional Practice use

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| **Action taken on request:** |  |
| **Date referral received:** |  |
| **Date of allocation and to whom:** |  |
| **If not allocated summarise actions taken and any referrals made:** |  |

This document is also available on the Internet at [www.dhs.vic.gov.au/officeofprofessionalpractice](http://www.dhs.vic.gov.au/officeofprofessionalpractice)