**T 02 9687 9901** / [www.cmrc.com.au](http://www.cmrc.com.au/)

Level 4, 1 Horwood Place, Parramatta NSW 2150

PO Box 1081, Parramatta NSW 2124

**MULTICULTURAL SUPPORT WORKERS (MSW) REQUEST FORM**

**The Multicultural Support Workers Program is provided by the Community Migrant Resource Centre, Parramatta.**

**Please complete this form and email to Multicultural Support Workers Program**

 ***mswp@cmrc.com.au***

For any questions contact Multicultural Support Workers Program 9687 9901 or

DCJ Multicultural Services Unit on multicultural@dcj.nsw.gov.au

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| **Date** |       |
| **Name of caseworker** |       |
| **Phone and Email** |       |
| **CSC and district**  |       |
| **Date and time requested** | 1st preference      2nd preference       |
| **CALD community/ cultural background requested** |       |
| **Language/dialect required** |       |
| **Briefly describe issues of concern/situation**  |       |
| **Reason for request:** |       |
| **Information needed:** |       |

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| **Assistance Required** |
| Program area | [ ]  Child protection [ ]  Out of Home Care / Permanency Support Program[ ]  JCPR: Joint Child Protection Response Program  |
| Type of assistance requested | [ ]  Initial home visit [ ]  Other (e.g Group supervision; [ ]  Follow-up home visit specific CSC request)[ ]  Case worker consultation  |
| Is a male or female worker preferred | [ ]  Male worker [ ]  Not known[ ]  Female worker |
| Are there any religious considerations/preferences |       |
| Family Visit: Is the Family willing to involve a MSW | [ ]  Yes [ ]  Not known[ ]  No  |
| **Family Information**  |
| Mother’s name, DOB and Residential Address |  |
| English fluency | [ ]  Good [ ]  Fair [ ]  Little [ ]  No English |
| Father’s name, DOB and Residential Address  |  |
| English fluency | [ ]  Good [ ]  Fair [ ]  Little [ ]  No English |
| Details of children | Name       Age        [ ]  Male [ ]  FemaleName       Age        [ ]  Male [ ]  FemaleName       Age        [ ]  Male [ ]  Female |
| Are there any known details on the family situation (e.g separated, married, who the children are living with) |       |
| Does any family member have a known disability, impairment or condition, if YES please specify  |       |
| Is there any known risk of homelessness to the family, if YES please specify |       |

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| **Approval**  |
| Requesting Caseworker Signature |  |
| Casework Managers Name |  |
| Casework Manager Signature |  |