**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***](mailto: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](mailto:multicultural@dcj.nsw.gov.au)

|  |  |
| --- | --- |
| **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:** |  |

|  |  |  |
| --- | --- | --- |
| **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  Female  Name       Age  Male  Female  Name       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 |  |

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