**A logo for a community refugee resource center

Description automatically generated**

**MULTICULTURAL SUPPORT WORKERS PROGRAM (MSWP) REQUEST FORM**

**Please do not include names of the child or family due to privacy.**

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

**Please complete this form and email to Multicultural Services Unit:** [**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**  **(max 500 characters)** |  |
| **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 Cultural background |  |
| English fluency | Good  Fair  Little  No English |
| Father’s Cultural background |  |
| English Fluency | Good  Fair  Little  No English |
| Details of children  (Please do not include child’s name) | Age: -  Male  Female  Age: -  Male  Female  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 |  |

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**MSWP**

**Privacy and Consent Form**

**By signing below, you, as the client, give permission for data to be collected through the Data Exchange (DEX) system. If a home or family visit is requested, caseworkers will seek your consent to collect and share the relevant information.**

Community Migrant Resource Centre (CMRC) has been engaged by the Department of Communities and Justice (DCJ) to provide you with assistance and support in relation to Family Services within the Multicultural Support Workers Program (MSWP).

To support our work with you, we request your consent to collect, use, and disclose personal information about you and your family members. This may include details about your contact information such as name and address, cultural and language background, residency status, and NDIS eligibility. Please be assured that your personal information is protected under the Commonwealth Privacy Act.

Information collected will be stored in the 'Data Exchange’ (DEX) system. DEX is the reporting platform used for Targeted Earlier Intervention (TEI), hosted by the Australian Government Department of Social Services (DSS). It captures client data on demographics, service delivery, and outcomes, ensuring consistent reporting across our services. This data is protected by the Commonwealth Privacy Act and will only be used for managing your case.

You can withdraw your consent at any time. Refusal to consent will not affect the services you receive. You may also choose to remain anonymous.

DSS will de-identify and aggregate data for policy development, program administration, and research. No identifying information will be included in reports.

Your data is protected under Australian law and CMRC’s Privacy Policy. It will only be shared with third parties if necessary for your case management, legally required, or with your consent.

I, \_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Print name)*

**Consent to:**

# CARE/SERVICES

# I have read the above information, or it has been read to me or translated for me.

# SHARING OF INFORMATION WITH OTHER SERVICES

I understand the reasons that Community Migrant Resource Centre needs to collect my personal information and the ways in which it may be used and disclosed, and I provide my consent to that use and disclosure.

# PROVISION OF DATA TO GOVERNMENT FUNDING BODIES.

I understand my consent is effective until I make a request to Community Migrant Resource Centre to withdraw it, which I can do at any time.

# PROVISION OF DATA TO GOVERNMENT FUNDING BODIES.

I consent to participate in follow up research, surveys, or evaluation\*

*\* Funding agencies (e.g. DCJ) and 3rd parties (e.g. universities) often conduct research to better understand client needs and improve services*

|  |  |
| --- | --- |
| **CLIENT / GUARDIAN** | **WITNESS** |
| Print Name: | Print Name: |
| Sign: | Sign: |
| Date: | Date: |

Note: It is essential that this consent form be signed by the client or guardian during the first visit, if applicable.

|  |
| --- |
| **VERBAL CONSENT OBTAINED VIA PHONE** |
| The client has been informed of and agreed to the sections of the consent form as discussed over the phone. |
| Staff Name:       Staff Signature: |
| Client’s Name: |
| Date: \_     \_\_\_ / \_     \_\_\_ / \_\_\_\_ |

|  |
| --- |
| **INABILITY TO OBTAIN CONSENT** |
| I have not been able to obtain informed consent relating to section/s: 1,2, 3, 4 All (Please select) |
| From, or on behalf of (Client Name): |
| Staff Signature: |

**PRIVACY STATEMENT:** You can learn more about accessing and correcting your information or filing a privacy complaint in the DSS Privacy Policy on their website.