



# Referral to Woi-wurrung-yagila-wulumperi Whittlesea Early Parenting Centre

Referrals are accepted as a Self-Referral or by Health Professional

Woi-wurrung-yagila-wulumperi  
**Whittlesea Early Parenting Centre**  
34 Anchorage Drive  
South Morang Vic 3752  
Phone: 03 9407 6800  
Email: WEPCReception@mercy.com.au

Date of referral \_\_\_ / \_\_\_ / \_\_\_

Referrer details *(if not Parent/Carer)*

<b>Referrer</b>	
Name	
Organisation	
Address	
Phone number	
Email address	
Consent	This referral has been completed with the family's consent Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Carer details

	Parent / Carer 1	Parent / Carer 2
Given name		
Family name		
Relationship to child		
Date of Birth	___ / ___ / ___	___ / ___ / ___
Gender		
Address		
Phone number		
Email address		
Interpreter required		

If yes, language / dialect		
Country of birth		
Aboriginal or Torres Strait Islander		
NDIS participant		
Are accessibility supports required?		
Other		

### Child/ren details

	Child 1	Child 2	Child 3
Given name			
Family name			
Address			
Date of Birth	__/__/__	__/__/__	__/__/__
Gender			
Country of birth			
Aboriginal or Torres Strait Islander			
NDIS participant			
Are accessibility supports required?			
Other			

### What can we help you with? (Reason for referral)

Sleep and settling issues		Lack of social support or experiencing isolation	
Unsettled baby		Parent/child relationship	
Infant/child feeding concerns		Parenting support	
Support to understand child's behaviour		Other please specify	

*You can tick more than one*

Tick the box that describes how much help are you currently getting with the above?

A lot	Some	Very little	None

Other relevant information to assist the EPC understand the reasons for admission?

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### Community supports

	Name	Phone no	Email address
<b>GP:</b>			
<b>MCH:</b>			
<b>Family Support</b>			
<b>Other</b>			

**Referrals:** Please email the referral to [WEPCReception@mercy.com.au](mailto:WEPCReception@mercy.com.au)

Whittlesea Early Parenting Centre will endeavour to contact the parent within two working days of receiving the referral.

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For office use	Date and comment
Received	
Text / phone family	
Telephone consult	
Program admission	
Program informed	