*Volatile Substance Abuse Prevention Act 2005*

# Section 33(2)

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| An application is hereby made for the following person to be assessed under the provisions of section 33 of the *Volatile Substance Abuse Prevention Act 2005*. | |
| Person Information | |
| Date of Referral |  |
| Full name  *(person requiring assessment)* |  |
| HRN *(if known)* |  |
| Also known as |  |
| Date of birth | / / |
| Gender | Male  Female  Non-binary  Self specified: ­­ |
| Address |  |
| Contact phone |  |
| Next of kin |  |
| Next of kin contact |  |
| Current guardian |  |

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| Volatile Substance Abuse (VSA) | |
| Volatile substance  *(Petrol, deodorant, paint etc.)* |  |
| How often? |  |
| How much? |  |
| Previous VSA episodes |  |

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| Risk Factors for Severe Harm from VSA |
| Does this person display or suffer from any of the following which may put them at risk of severe harm:  Children 12 years and under  Psychosis – primarily associated with VSA  Elevated Blood Lead Levels (BLL)  Seizures – associated with VSA  Suicide attempts and/or threats of self-harm – deteriorating mental health associated with VSA  Impulsive behaviours |
| Cognitive impairment / developmental trauma issues  Please specify issues of concern:  Other active child protection issues  Please specify issues of concern:  Significant medical conditions which may make VSA particularly dangerous (e.g. pregnancy, heart conditions, lung disease).  Please specify condition(s): |
| **Other factors** *(including family and community supports)* |
| Protective factors |
| Family involvement in support  Engaged with local services. List all involved  Engaged in school, study and/or employment |

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| For children under 18  Has a child protection report been made?  Child Abuse Hotline  1800 700 250 |  |
| Does this person use any other substances?  (Alcohol, Cannabis, Methamphetamines, Kava etc.) |  |
| Has this person been referred to the local clinic/health centre for a medical assessment? |  |
| Are you aware of any medical or mental health conditions or diagnosis?  (Other than any listed above) |  |
| What other treatments and/or interventions have been offered to this person?  (e.g. brief interventions, psychological therapies, diversional activities, development programs etc.) |  |
| What other individuals and/or services are involved with this person?  Please provide names, agencies and contact details where possible. |  |
| Accommodation / care status of child  (Who do they live with / is this a stable arrangement) |  |

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| Other relevant information: |
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| **Applicant Full Name:** |  |
| **Applicant Role/Position:** |  |
| **Organisation:** |  |
| **Address:** |  |
| **Contact Phone:** |  |
| **Applicant Type:**  **Section 33 (1)** | Police Officer  Authorised Person (Section 60 appointed by the Minister)  Health Practitioner (Specify)  Medical Officer  Nurse  Aboriginal Health Practitioner  Psychologist  Family Member of the child or adult believed to be at risk of severe harm  Responsible Adult – carer or guardian of a child believed to be at risk of severe harm  School Principal of a Government School (Section 65 appointed by the Minister) |

This form must be accompanied by all documents in your possession that support the belief that this person is at risk of severe harm.

**Please submit to the relevant regional health service:**

**Top End Region**

P: 89228399 F: 89228403 E: [volatilesubstanceabuse.TEHS@nt.gov.au](mailto:volatilesubstanceabuse.TEHS@nt.gov.au)

**Central Australian Region East Arnhem Region**

P: 89517580 F: 89519595 E: [VSA.CAHS@nt.gov.au](mailto:VSA.CAHS@nt.gov.au) P: 8987 0281 E: [EARegionMHAOD.TEHS@nt.gov.au](mailto:EARegionMHAOD.TEHS@nt.gov.au)

**Barkly Region Big Rivers Region**

P: 8962 4386 F: 8942 6421 E: [VSA.CAHS@nt.gov.au](mailto:VSA.CAHS@nt.gov.au) P: 8973 8724 E: [KatherineMHS.DoH@nt.gov.au](mailto:KatherineMHS.DoH@nt.gov.au)