*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 issuesPlease 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 18Has 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

**Central Australian Region East Arnhem Region**

P: 89517580 F: 89519595 E: VSA.CAHS@nt.gov.au P: 8987 0281 E: EARegionMHAOD.TEHS@nt.gov.au

**Barkly Region Big Rivers Region**

P: 8962 4386 F: 8942 6421 E: VSA.CAHS@nt.gov.au P: 8973 8724 E: KatherineMHS.DoH@nt.gov.au