



REFERRAL FORM

Surname			
Given Names			
<input type="checkbox"/> Male Non-disclose <input type="checkbox"/> Female Diverse	DOB	AGE	
Home	Mobile	Email	
Parent/Guardian			
Parent/Guardian Contact Details			
Aboriginal/Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered with Centrelink	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referred by		Date	
Reason for referral			
Organisation	Position		
Phone	Mobile	Email	
Last school attended			
Health Issues/Disabilities			
Personal Interests			
Client Consent			
I (client name) _____ confirm this referral has been made with my knowledge/consent and understand that information may be shared for the purpose of assisting me to commence the Peel Support Program (PSP).			
Date	Client/Guardian Consent		
Date	Referrer Signature		

FURTHER DETAILS

Please identify further relevant information so we are able to better support the young person.
Include any support services already involved.

Are there any safety concerns identified with this young person?

Yes

Please expand:

No

Criminal History (including current and previous involvement/orders/severity):

Behavioural History & Needs:

Mental Health History:

Drug and Alcohol History:

Agencies already involved:

Government Departments

Dept. Child Protection and Family Support

Centrelink

Dept. Education Participation Coordinators

Child and Adolescent Mental Health Services

Youth Justices Services &/or Juvenile Justice Team

School:

Community Services Agencies

Headspace

Community Mental Health Services

Palmerston

Other (not listed)

Please forward referrals to Youth Policing Officers, South Metro, John Valastro, Senior Constable 12982 or Darren Cass, Senior Constable 15681 via email YouthPolicingOperations-MandurahSMail@police.wa.gov.au or phone 0436 943 043 (John) , 0436 943 042 (Darren).