



SOUTH WEST YOUTH SUPPORT PROGRAM REFERRAL FORM

Surname			
Given Names			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse <input type="checkbox"/> Non-disclosed	Address	Email	
Phone	Mobile		
DOB	Age		
Parent/Guardian Name			
Parent/Guardian Mobile			
Parent/Guardian Email			
Permission for Youth Worker to contact Parent/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Aboriginal/Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered with Centrelink	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the young person been affected by COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for referral			
Please expand on how they have been affected (e.g. anxiety, school disengagement, homelessness, DV etc).			
Is the referrer aware of any risks associated with this young person and/or their family/connections? Please expand.			
Referred by		Date	
Organisation		Position	
Phone	Mobile	Email	
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 South West Youth Support Program (SWYSP).			
Date	Client/Guardian Signature		
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

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 the SWYSP Youth Worker via email swysp@jsw.org.au or phone 0447 916 905 if you wish to discuss referral or require any additional information about our SWYSP referral process.