YOUTH SOUTH WEST REFERRAL FORM

REFERRER INFORMATION			
Date		Referring Organisation	
Name of person referring		Position	
Contact phone number/mobile		Contact email	

CLIENT DETAILS			
Name			
Date of Birth			
Gender	☐Male ☐Female ☐Diverse ☐Non Binary ☐Non Disclosed ☐Other		
Other (please expand)			
Chosen Pronoun(s)			
Ethnicity	☐CaLD ☐ATSI ☐Other ☐Non Disclosed		
Residential Address			
Postal Address (If different to residential address)			
Contact Phone number(s)			
Contact Email			
Are there any safety concerns when contacting by phone/email/mail at home? ☐Yes ☐No			
If yes please expand			
Who does this young person live with?			
Education/employment status	(i.e., at school, employed, looking for employment, disengaged)		
Is the Young person registered with Centrelink ☐Yes☐No			
Does the young person have an original Birth Certificate (or verified copy)? ☐Yes ☐No			
Has the young person been affected by COVID? ☐Yes☐No (I.e Increased Mental Health, homeless, disengaged from employment or education, financial instability)			
Is the young person aware and consented to the referral and wanting support? ☐Yes ☐No			

NEXT OF KIN			
Name			
Contact Phone Number(s)			
Relationship			
Is the young persons parent/guardian aware this referral has been made? ☐Yes☐No			
Does the young person consent to staff contacting the parent/next of kin? ☐Yes☐No			

REASON FOR REFERRAL Identified reason(s) for referring young person			
☐Accommodation concerns	☐Education support	☐Employment support	☐Social Supports/friendships

☐Parenting support	☐Pregnancy	☐Relationships	☐Sexuality
☐Drug and/or Alcohol	☐Family Support	☐Mental Health	☐Identification
☐Other			
Please expand on reasons for referral			
Is there a risk of harm to self or others? ☐Yes☐No (I.e history of violence, aggression, self harm, suicide ideation and/or attempts)			
If yes, please expand			
Other service providers involved (current/previous/pending). Please include Organisation, contact name and number (if known)			
History of mental/health concerns/diagnosis			
Any other relevant information			
Any additional requirements we should know about for this young person			
CONSENT DETAILS			
Please indicate who is consenting to this referral, use and disclosure of personal information contained within	☐Adolescent Client (16 years and over)	☐Mature Minor	☐Parent/Guardian
All information pertained in this referral will be treated confidentially and in accordance with the purpose of this referral being made. I am aware that this referral is being made and understand I can withdraw from this service should I wish. The client has been made aware of this referral.			
Client Name			
Client Signature			
Date			
Parent/Guardian Name			
Parent/Guardian Signature			
Date			