

## YOUTH PROGRAM REFERRAL FORM

REFERRER INFORMATION			
Date		Referring Organisation	
Program Name – please highlight	Youth South West (Bunbury, Busselton, Dunsborough, Margaret River)	Youth South West Warren Blackwood (Manjimup and Bridgetown)	Peel Youth on Track (Mandurah peel region)
Name of person referring		Position	
Contact phone number/mobile		Contact email	
CLIENT DETAILS			
Name			
Date of Birth			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse <input type="checkbox"/> Non Binary <input type="checkbox"/> Non Disclosed <input type="checkbox"/> Other		
Other (please expand)			
Chosen Pronoun(s)			
Ethnicity	<input type="checkbox"/> CaLD <input type="checkbox"/> ATSI <input type="checkbox"/> Other <input type="checkbox"/> Non Disclosed		
Residential Address			
Postal Address <small>(If different to residential address)</small>			
Contact Phone number(s)			
Contact Email			
Are there any safety concerns when contacting by phone/email/mail at home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please expand			
Who does this young person live with?			
Education/employment status	<small>(i.e at school, employed, looking for employment, disengaged)</small>		
Personal interests			

Health issues/Disabilities			
Is the Young person registered with Centrelink <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the young person have an original Birth Certificate (or verified copy)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the young person been affected by COVID? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(I.e Increased Mental Health, homeless, disengaged from employment or education, financial instability)</small>			
Is the young person aware and consented to the referral and wanting support? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>NEXT OF KIN</b>			
Name			
Contact Phone Number(s)			
Relationship			
Is the young person's parent/guardian aware this referral has been made? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the young person consent to staff contacting the parent/next of kin? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>REASON FOR REFERRAL</b> <small>Identified reason(s) for referring young person</small>			
<input type="checkbox"/> Accommodation concerns	<input type="checkbox"/> Education support	<input type="checkbox"/> Employment support	<input type="checkbox"/> Social Supports/friendships
<input type="checkbox"/> Parenting support	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Relationships	<input type="checkbox"/> Sexuality
<input type="checkbox"/> Drug and/or Alcohol	<input type="checkbox"/> Family Support	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Identification
<input type="checkbox"/> Legal Support	<input type="checkbox"/> Other		
Please expand on reasons for referral			
Is there a risk of harm to self or others? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(I.e history of violence, aggression, self harm, suicide ideation and/or attempts)</small>			
If yes, please expand			
Other service providers involved (current/previous/pending). Please include Organisation, contact name and number (if known)			

Offending History (Including current and previous involvement/orders/severity):			
History of mental health concerns/diagnosis			
Behavioural History & Needs			
Drug and Alcohol History			
Any additional requirements we should know about for this young person			
<b>CONSENT DETAILS</b>			
Please indicate who is consenting to this referral, use and disclosure of personal information contained within	<input type="checkbox"/> Adolescent Client (16 years and over)	<input type="checkbox"/> Mature Minor	<input type="checkbox"/> 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			