

## CLIENT REFERRAL FORM

Please complete this form for your client

### Referring Organisation Details

Organisation Name: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ Mob: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Young Person's Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to referrer: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Does the young person identify as:  Aboriginal  TSI  Other: \_\_\_\_\_

### Education and Training

School Name: \_\_\_\_\_ Last Year Completed Year \_\_\_\_\_ USI \_\_\_\_\_

Has the client completed a Cert III or Higher? Yes / No

Qualifications/Training, ie Cert III \_\_\_\_\_

Jobactive Provider  \_\_\_\_\_ Job Seeker ID  \_\_\_\_\_

**In registering for this program your personal details will be provided to the Department of Employment for research purposes only.**

**Do you give permission to provide your name, date of birth and contact details?**

**Yes/ No (circle one)**

**Signature of Young Person:** \_\_\_\_\_

**Basic Issues:** Must be **at risk of being unemployed** and two or more of the following factors:

- |   |   |
|---|---|
| <input type="checkbox"/> Child Protection Services /Orders    | <input type="checkbox"/> Client housing Status: (Sleeping rough, unstable, temporary housing, homeless) |
| <input type="checkbox"/> Youth Justice Involvement/Orders     | <input type="checkbox"/> Health / Mental Health Issues  |
| <input type="checkbox"/> Early disengagement from school      | <input type="checkbox"/> Substance misuse   |
| <input type="checkbox"/> Low Literacy and Numeracy levels     |   |
| <input type="checkbox"/> Intergenerational welfare dependence |   |

### Outline of current needs

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Information required to determine eligibility & support required**  
**Please complete every section.**

**Accommodation**

- Housing crises e.g. (Couch surfing)
- Inadequate or inappropriate dwelling conditions e.g. (Shelters/ Residentials)
- Boarding at home
- Shared rental

**Employment/Education**

- Previously employed
- Low literacy and numeracy levels
- Disengaged from school
- Enrolled in school or training

**Health**

- Mental health issues
- Medical issues
- Problematic drug or substance misuse
- Problematic alcohol use

**Offending**

- Transition from youth detention
- On Probation or parole

**Child safety**

- Transitioned from Child safety
- Existing child safety order
- Repeated breakdown in foster placements

**Income**

- Government payment \_\_\_\_\_
- Nil income
- Other income
- Intergenerational welfare dependence

**Office use Only**

- Date Referral received from referrer \_\_\_/\_\_\_/\_\_\_
- Young Person Contacted \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_
- Referrer contacted \_\_\_/\_\_\_/\_\_\_ Email/Phone (circle)
- Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_