



# Client Referral Form

Strengthening Young Minds – Queensland Youth Services  
16 Somer Street, Hyde Park QLD 4812  
E: [sym@qys.org.au](mailto:sym@qys.org.au) P: (07) 4410 9379 W: [www.qys.org.au](http://www.qys.org.au)

Section 1. REFERRER DETAILS	
<b>Full Name</b>	<b>Date of Referral</b> / /
<b>Email</b>	<b>Primary Contact Number</b>
<b>Organisation</b>	
<b>Relationship to Young Person</b>	
<input type="checkbox"/> QYS Internal Referral <input type="checkbox"/> Parent/Guardian/Carer <input type="checkbox"/> Youth Justice Support Worker <input type="checkbox"/> Case Worker/Manager	<input type="checkbox"/> Youth Engagement Program Support Worker <input type="checkbox"/> Self-Referral (young person referring themselves) <input type="checkbox"/> School Guidance Officer <input type="checkbox"/> Other (specify) _____

Youth Eligibility Criteria		
Aged 12 to 21 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have a history of a mental health conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are showing symptoms of a mental health condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Need support and advocacy with their mental health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Located in Townsville/Burdekin/Hinchinbrook regions (Townsville, Ingham, Charters Towers, Ayr, Home Hill, and Palm Island)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2. YOUNG PERSON DETAILS	
<b>Full Name</b>	<b>Date of Birth</b> / /
<b>Email</b>	<b>Primary Contact Number</b>
<b>Residential Address</b>	<b>Suburb</b> <b>Post Code</b>
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Say
<b>Cultural Identity</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Neither <input type="checkbox"/> Other (specify) _____

Section 3. PARENT/GUARDIAN/CARER DETAILS Complete this section if the young person is under 18 years of age.		
<b>Full Name</b>	<b>Relationship to Young Person</b>	
<b>Email</b>	<b>Primary Contact Number</b>	
<b>Residential Address</b>	<b>Suburb</b>	<b>Post Code</b>

Section 4. CONSENT		
I give my consent for a referral to be sent to Queensland Youth Services' Strengthening Young Minds program and for the program to contact me using the details provided on this form.		
<b>Client Name</b>	<b>Client Signature</b>	<b>Date</b>
If the young person being referred is under 16, a parent or guardian's consent is required to proceed, however if gaining parent or guardian consent is not possible, an appropriate referrer, as identified in Section 1, can provide consent on their behalf.		
<b>Parent Full Name</b>	<b>Signature</b>	<b>Date</b>
<b>Relationship to Young Person</b>		

All completed referral forms must be submitted to the attention of the Strengthening Young Minds Team Leader via email at [sym@qys.org.au](mailto:sym@qys.org.au). For questions or to discuss your referral, call the Strengthening Young Minds team directly on (07) 4410 9379.