



PROJECT OVERHAUL

Client Referral Form

Project Overhaul – Queensland Youth Services
E: projectoverhaul@qys.org.au (enquiries only)
P: (07) 4410 9376 W: www.qys.org.au

Section 1. REFERRER DETAILS	
Full Name	Date of Referral
Email	Primary Contact Number
Organisation	
Type of Referrer/Relationship to Young Person	
<input type="checkbox"/> Detention Centre Transition Officer <input type="checkbox"/> Youth Justice Support Worker <input type="checkbox"/> Guidance Officer <input type="checkbox"/> Aboriginal and Torres Strait Islander Police Liaison Officer <input type="checkbox"/> Case Worker/Manager	<input type="checkbox"/> Aboriginal and Torres Strait Islander Legal Service <input type="checkbox"/> Youth Engagement Program Support Worker <input type="checkbox"/> Self-Referral <input type="checkbox"/> Other (specify) _____

Section 2. YOUNG PERSON DETAILS		
Full Name	Date of Birth	
Email	Primary Contact Number	
Residential Address	Suburb	Post Code
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Say	
Cultural Identity	<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) _____	
Last School Attended	Year	Grade
Does the young person have regular access to transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	
If no, can the referring agency provide transportation to/from program activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	

Section 3. PARENT/GUARDIAN DETAILS Complete this section if the young person is under 18 years of age.		
Full Name	Relationship to Young Person	
Email	Primary Contact Number	
Residential Address	Suburb	Post Code
Cultural Identity	<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) _____	
Has consent been received from the parent/guardian to progress with this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

Section 4. PROGRAM GATEWAY Select one gateway which the young person wishes to engage in based on interests and location.	
Townsville Submit referrals to po1@qys.org.au <input type="checkbox"/> Chameleon Upcycled Products (16 Somer St, Hyde Park QLD 4812) <input type="checkbox"/> Pitstop Racing (1-7 Caldwell Street, Garbutt QLD 4814) <input type="checkbox"/> Brew Beginnings (16 Somer St, Hyde Park QLD 4812)	Mt Isa Submit referrals to po3@qys.org.au <input type="checkbox"/> Healing on Country (71 Barkly Highway, Miles End QLD 4825)

Section 5. YOUNG PERSON HISTORY		
Identified Risk Factors		
<input type="checkbox"/> Transitioning out of detention (first time offender) <input type="checkbox"/> On bail (first time offender) <input type="checkbox"/> Have a parent or sibling who is incarcerated	<input type="checkbox"/> Known to be part of a gang and are displaying anti-social behaviour <input type="checkbox"/> On a youth justice order <input type="checkbox"/> Homelessness or at-risk of homelessness <input type="checkbox"/> Physical or mental health issues	<input type="checkbox"/> Substance misuse (alcohol, drugs) <input type="checkbox"/> Conflict with parent/guardian or family <input type="checkbox"/> History of violent or offending behaviours <input type="checkbox"/> Disengagement from education/employment
Does this young person have a disability or injury? If yes, provide details below.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Support Services		
Does this young person have a case plan with another agency? If yes, provide the following.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Agency	Case Manager	
Email	Primary Contact Number	
Is this young person involved with any other services (e.g. ATODS)? If yes, describe below.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Engagement		
Does this young person have a history of actively engaging with services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this young person displayed a willingness to make meaningful change within their lives?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this young person willing to actively engage in their selected Project Overhaul gateway, case management and relevant support services if accepted into the program?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6. NOTES Please provide any additional information relating to this referral.

Section 7. CONSENT		
I give my consent for a referral to be sent to Queensland Youth Services' Project Overhaul and for a program Youth Worker to contact me using the details provided on this form.		
Client Name	Client Signature	Date
If the young person being referred is under 18, a parent, guardian or suitable person's (as per section 1) consent is required to proceed.		
Full Name	Signature	Date