

Referral Form – Education Programs☐ Midland ☐ Bayswater ☐ Mirrabooka ☐ Joondalup ☐ Clarkson ☐ Albany

Date: _____ Referring Person/Agency: _____ Referrer Name: _____

Phone: _____ Email: _____

Young Person Details:

Full Legal Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Year Level: _____ Gender: _____ Pronouns: _____

Cultural Identity: _____ Contact Number: _____

Address: _____

Primary Language/s: _____ Is an interpreter required? ☐ Yes ☐ NoIs the young person an Australian citizen or permanent resident: ☐ Yes ☐ No

If no, please provide details of residency status:

Has the young person given consent for this referral to be made and for their information to be shared with Youth Futures education program staff: ☐ Yes ☐ NoIs the young person okay to be contacted about this referral: ☐ Yes ☐ NoAre there any other external agencies or support workers, other than the referring agency, that are currently involved with the young person? ☐ Yes ☐ No

If yes, please provide the details below, including how long support will continue for:

Does the young person give us consent to contact supporting agencies? ☐ Yes ☐ No**Reasons for the Referral:**

What are the presenting concerns and/or what would the young person like support with?

Parent/Guardian/Carer Details:

Contact Person: _____ Contact Number: _____

Relationship to Young Person: _____

Unique Student Identifier (USI) Number: _____

(If you do not have one, you can apply at www.usi.gov.au. Check with the previous school in case this has been created for you already.)

School Curriculum and Standards Authority (SCSA) number: _____

(If unsure, please contact the last known school to attain this number)

Has the Regional Education Office been consulted, if compulsory school aged student? ☐ Yes ☐ NoHas the young person previously attended a Youth Futures education program? ☐ Yes ☐ No

If yes, please provide the following details:

Youth Futures Site: _____ Date Exited: _____

Reason for Exiting:

What was the last school program the young person attended? _____

What was the last year level the young person successfully completed? _____

When did the young person last attend a school program? _____

Are you able to provide a copy of the young person's school reports? ☐ Yes ☐ No(If yes, please email these to intake@youthfutures.com.au)

What are the reasons the young person is at risk of not engaging in education, training or employment?

Has the young person been suspended and/or excluded from their current or previous schools?

☐ Yes ☐ No If yes, please explain why, when and how long for?

How do you or the young person see Youth Futures education programs being able to assist the young person to achieve their goals?

Does the young person have any diagnosed learning difficulties or mental health challenges?

☐ Yes ☐ No If yes, please provide details below:

Are you able to provide a copy of any diagnostic reports? ☐ Yes ☐ No
(If yes, please email these to intake@youthfutures.com.au)

Does the young person have any physical health concerns (i.e. physical disability, asthma, allergies)?

☐ Yes ☐ No If yes, please provide details below:

Does the young person have any current or past legal history?

☐ Yes☐ No

If yes, please provide details below:

How did you hear about us:

☐ Google Search☐ Flyer☐ Email Newsletter☐ Word of Mouth☐ Existing/Returning Client☐ Online Ads☐ Social Media☐ School, College, University☐ Another Organisation☐ Media Coverage/News Article☐ Blog or Website☐ Saw your Signage☐ Other

Is there any other information you would like to provide:

Please send the completed referral to **intake@youthfutures.com.au**

Once the completed referral has been received by the Intake Team it will be reviewed, and we will be in touch regarding the next steps in the process.

If you have any questions, please reach out to the Intake Team either via email or phone 9300 2677.

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