

**Referral Form – Education Programs**☐ Youth Futures Community School   ☐ Anchor Point   ☐ Comet Connect

Date: \_\_\_\_\_ Referring person/agency: \_\_\_\_\_ Referrer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Primary Client Details:**

Full Legal Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ 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 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: \_\_\_\_\_

What year level is the young person currently in? \_\_\_\_\_

Unique Student Identifier (USI) Number: \_\_\_\_\_

(If you do not have one, you can apply at [www.usi.gov.au](http://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](mailto: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 provide 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](mailto:intake@youthfutures.com.au))

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

Once the referral has been received by the Intake Team it will be reviewed and sent to the relevant Youth Futures Education program. From there they will process the referral and be in touch regarding next steps.

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

**Office Use Only – Outcome**