

YOUTH CONNECTIONS [*interim*] REFERRAL FORM - Far North Coast -

Referred by: SCHOOL ORGANISATION SELF REFERRAL

REFERRING AGENCY DETAILS

Contact Name: _____

Organisation: _____

Ph / Mob: _____

Email: _____ Signed: _____

YOUNG PERSON'S DETAILS (must be between ages 11 - 19yrs)

Student Yr Level _____ OR **Early School Leaver** Last Yr attended _____

Name: _____ Male Female Age: _____

Ph/Mob: _____ Email: _____

Address: _____

Has parent / guardian been notified of referral to Youth Connections? YES NO N/A

Parent / Guardian Name: _____ Relationship: _____

Parent / Guardian Phone: _____ Mob: _____

PLEASE NOTE: YOUNG PERSON MUST CONSENT TO THIS REFERRAL. PLEASE ENSURE YOUNG PERSON'S SIGNATURE APPEARS ON THIS PAGE AS EVIDENCE OF CONSENT.

CONSENT

I, _____, (*young person's name*) give full permission to the above stated referring agency to disclose my personal details in this referral process, and for NORTEC Youth Services to contact me via the details provided above.

Signed: _____ Date: _____

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For general enquires and program information, please contact NORTEC Youth Services Freecall: 1800 355 415



P: (02) 6672 8001
F: (02) 6672 8621

www.nortecld.com.au



P: (02) 6685 7777
F: (02) 6685 8871

www.bys.org.au



P: (02) 6622 3143
F: (02) 6622 4202

www.ycnc.com.au

Far North Coast Youth Connections is delivered by NORTEC Youth Services, Byron Youth Service and Youth Connections North Coast in community partnership

REASON FOR REFERRAL

PLEASE TICK THE APPROPRIATE BOX

<input type="checkbox"/> Most risk of disengaging with education	(Type 1)
<input type="checkbox"/> At imminent risk of disengaging with education	(Type 2a)
<input type="checkbox"/> Recently disengaged from education (less than 3 months)	(Type 2a)
<input type="checkbox"/> Disengaged from education (more than 3 months)	(Type 2b)

<u>IDENTIFIED BARRIERS</u>	<u>HISTORY OF SUPPORT</u>
<p>Educational</p> <ul style="list-style-type: none"><input type="checkbox"/> Poor literacy / numeracy skills<input type="checkbox"/> Low school achievement<input type="checkbox"/> Behavioural issues<input type="checkbox"/> High incident of truancy<input type="checkbox"/> History of suspension<input type="checkbox"/> History of expulsion <p>Personal</p> <ul style="list-style-type: none"><input type="checkbox"/> Self esteem issues<input type="checkbox"/> Poor social skills<input type="checkbox"/> Mental health issues<input type="checkbox"/> Substance misuse issues<input type="checkbox"/> Disability<input type="checkbox"/> Medical condition<input type="checkbox"/> Carer responsibilities <p>Social, cultural, community</p> <ul style="list-style-type: none"><input type="checkbox"/> Bullying<input type="checkbox"/> Family difficulties<input type="checkbox"/> Homelessness or at risk of<input type="checkbox"/> Out of home care<input type="checkbox"/> Long term unemployed (> 6 months)<input type="checkbox"/> Significant financial issues	<p>To the best of your knowledge, is the young person receiving, or has recently received, support from any of the following services:</p> <ul style="list-style-type: none"><input type="checkbox"/> In school support (i.e. learning, counselling)<input type="checkbox"/> Home School Liaison Officer<input type="checkbox"/> Aboriginal Community Liaison Officer<input type="checkbox"/> Distance Education<input type="checkbox"/> Other / Alternative Education<input type="checkbox"/> Job Services Australia<input type="checkbox"/> Links to Learning<input type="checkbox"/> Reconnect<input type="checkbox"/> Youth Worker<input type="checkbox"/> Counselling<input type="checkbox"/> Mental Health<input type="checkbox"/> Sexual Health<input type="checkbox"/> Supported Accommodation<input type="checkbox"/> Juvenile Justice<input type="checkbox"/> Other: _____ <p>Further details of support (if applicable):</p> <p>_____</p> <p>_____</p> <p>_____</p>

ARE THERE ANY OTHER IDENTIFIED BARRIERS AND/OR SAFETY CONCERNS THAT YOUTH CONNECTIONS SHOULD BE AWARE OF IN RELATION TO THIS REFERRAL?

PLEASE FAX COMPLETED FORM TO: NORTEC YOUTH SERVICES (02) 66728621

OFFICE USE ONLY:

Received by: _____ Date: _____