

## YOUTH CONNECTIONS [*interim*] REFERRAL FORM - Mid 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 and/or North Coast Youth Career Connections (NCYCC) to contact me via the details provided above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Freecall: 1800 355 415  
Head Office – Woolgoolga  
Phone: (02) 6654 0344  
Fax: (02) 6654 0003  
[www.nortecld.com.au](http://www.nortecld.com.au)



Freecall: 1800 30 38 30  
Head Office – Coffs Harbour  
Phone: (02) 6653 2900  
Fax: (02) 6658 9566  
[www.youthcareers.com.au](http://www.youthcareers.com.au)

## REASON FOR REFERRAL

PLEASE TICK THE APPROPRIATE BOX

<input type="checkbox"/> Most at risk of disengaging with education → refer to <b>NORTEC Youth Services</b>
<input type="checkbox"/> At imminent risk of disengaging with education → refer to <b>NORTEC Youth Services</b>
<input type="checkbox"/> Recently disengaged from education (less than 3 months) → refer to <b>NORTEC Youth Services</b>
<input type="checkbox"/> Disengaged from education (more than 3 months) → refer to <b>NCYCC</b>

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

<b>OFFICE USE ONLY:</b>
Received by: _____ Date: _____