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| **Date of Referral:** |  |

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| **Referral Details** | |
|  | |
| **Name:** |  |
| **Position/Relationship with Young Person:** |  |
| **Program/Team:** |  |
| **Organisation:** |  |
| **Contact Number:** |  |
| **Email:** |  |

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| **Program Referred to** | | | |
| Koorie Youth Program |  |  |  |

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| **Confirmation Young Person has consented** | **Page 5 must be completed for referral to be endorsed** |
| **Date consent provided:** |  |
|  |  |
| Please contact: Kiley Walkerden M: 0400 620 795 | E: [kileyw@vacca.org](mailto:kileyw@vacca.org) if needing assistance to complete the referral form |

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| **Young Persons Details** | | | | | | | |
|  | | | | | | | |
| **Full Legal Name:** |  | | | **Also known as:** | |  | |
| **Gender Identity:** | Female | Male | Intersex | | Other | | Prefer not to say |
| **Self-Describe:** |  | | | | | | |
| **Pronoun:** | She/Her | He/Him | They/Them | | Other | | Prefer not to say |
| **Date of Birth:** |  | | | | | | |
| **Address** |  | | | | | | |
|  | **Street Address, Suburb, State, Postcode** | | | | | | |
| **Contact Number:** |  | | | **Email Address:** | |  | |
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| \\vacca.org\data\Profiles\cbourke\Desktop\Artwork\Capture2.JPG**\\vacca.org\data\Profiles\cbourke\Desktop\Artwork\Capture5.JPG\\vacca.org\data\Profiles\cbourke\Desktop\Artwork\Capture5.JPG \\vacca.org\data\Profiles\cbourke\Desktop\Artwork\Capture5.JPGCultural Information** | | | | | | |
|  | | | | | | |
| **Culture Identity:** | Aboriginal | Torres Strait Islander (TSI) | | | | Both  Neither |
| **Country of Birth:** |  | | | | | |
|  | City, State, Country | | | | | |
| **Tribe/Mob:** |  | | | **Totem:** |  | |
| **Language Group** |  | | | | | |
| **Do you speak any other language other than English?** | | |  | | | |
| **Interpreter Required:** | Yes  No | | | | | |
| **Health Information** | | | | | | |
|  | | | | | | |
| **Allergies:** | |  | | | | |
| **Dietary Requirements:** | |  | | | | |
| **Medical Conditions:** | |  | | | | |
| **Behavioural Alerts:** | |  | | | | |
| **DisAbility:** | |  | | | | |

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| **Emergency Contact** | | | |
|  | | | |
| **Full Name:** |  | **Relationship** |  |
| **Current Address** |  | | |
|  | Street Address, Suburb, State, Postcode | | |
| **Contact Number:** |  | | |

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| **Family Members** | | | | | | |
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| **Name:** |  | **Relationship:** |  | **Address:** |  | **Contact Number:** |
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| **Professional Involvement** | | | | | | |
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| **Worker Name:** |  | **Organisation** |  | **Service Provided** |  | **Contact Details** |
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| **Details of Young Persons current circumstances and needs:** |
| **What are the young person’s current personal circumstances?**  *Where are they living & who they are living with/ do they have contact with significant family or other community members & quality of those relationships?* |
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| **What are the key issues, concerns and/or support needs that the referrer identifies?** |
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| **Please comment on the Young Persons current Health & Wellbeing (across all domains – Physical/Psychological/Social/Emotional (Any identifiable needs, outstanding task across any domains?)  Has the Young Person identified any goals regarding any aspects of their Health & Wellbeing?** |
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| **Is the Young Person currently undertaking any employment?** *Please provide details of employer; work patterns e.g. part time/ casual; progress with such; attendance issues/patterns; any special needs or considerations we need to be aware of?* |
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| **Has the Young Person identified any future goals regarding employment?** |
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| **Please comment on the Young Persons current connection to their Aboriginal or Torres Strait Islander Identity and Culture**  *Do they readily identify as Aboriginal or Torres Strait Islander; do they talk about their culture or their cultural needs; have they any current links to family/community/do they attend major cultural events/celebrations e.g. for NAIDOC week, children’s day etc.– please comment. Do they have a CSP?* |
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| **Has the Young Person identified any goals to connect further with their culture (Please details below if appliable)** |
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| **Is the Young Person involved in any other aspect of their local community e.g. Community groups, church, Youth programs, events, volunteering etc? (If applicable)** |
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| **Has the Young Person identified any goals regarding more community participation (If applicable)** |
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| **What do you feel are the young person’s key strengths?** |

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| **Any other information you feel is relevant?** |

|  |  |
| --- | --- |
| **Engagement Needs** | |
|  | |
| **Any anticipated challenges for us to engage this young person.** | Yes  No |
| **Advice on how we could best engage the young person** |  |
| **Do you feel a direct hand-over is needed?** | Yes  No **If yes, please note agreed date/time of a handover joint visit with Young Person or other arrangements to be introduced to the young person.** |

**Please send referral to** [**OMIntake@vacca.org**](mailto:OMIntake@vacca.org)

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| **Consent** |
| *I have been explained and understand that participating in the ENGAGE! Koorie Youth Group is voluntary.  I understand and agree to being connected with a Senior Youth Worker providing a service for VACCA.* |

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| **Young person consent** | | | |
| I, ………………………………………………………………………………, acknowledge that I understand the information outlined in this form: Yes  No | | | |
| I understand that I can withdraw my consent at any time: Yes  No | | | |
| **Signature:** |  | **Date:** |  |

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| **Parent/Carer consent** | | | |
| I, ………………………………………………………………………………, acknowledge that I understand the information outlined in this form: Yes  No | | | |
| I understand that I can withdraw my consent at any time: Yes  No | | | |
| **Signature:** |  | **Date:** |  |