|  |  |
| --- | --- |
| Date of Referral |  |

|  |  |  |
| --- | --- | --- |
| Have you heard of Dardi Munwurro prior to now? | Y | N |
| If yes, have you attended any of our programs or services? | Y | N |

|  |  |  |  |
| --- | --- | --- | --- |
| YOUNG PERSON DETAILS | | | |
| **First name** |  | **Last name** |  |
| **Young Person’s preferred pronouns** | he/him  she/her  they/them  They prefer not to say | | |
| **Nickname** |  | | |
| **Date of birth** |  | **Age** |  |
| **Address** |  | | |
| **Postcode** |  | **Mobile**  **number** |  |
| **Mob (If known)** |  | | |
| **Email** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| GUARDIAN/EMERGENCY CONTACT DETAILS | | | |
| **First name** |  | **Last name** |  |
| **Address** |  | | |
| **Postcode** |  | **Mobile**  **number** |  |
| **Email** |  | | |

|  |  |
| --- | --- |
| REFERRAL DETAILS | |
| **Source of referral** |  |
| **Contact details**   1. **Name** 2. **Mobile** 3. **Email** |  |

|  |  |  |
| --- | --- | --- |
| INVOLVEMENT WITH OTHER SERVICES | | |
| **Is the young person involved with Youth Justice?** | Yes | No |
| **Comments** |  | |

|  |  |  |
| --- | --- | --- |
| **A client of child protection?** | Yes | No |
| **Comments** |  | |
|  |  |  |
| **Involved with Alcohol and Other Drugs program?** | Yes | No |
| **Comments** |  |  |

|  |  |  |
| --- | --- | --- |
| **Involved with Mental Health?** | **Yes** | **No** |
| **Comments** |  |  |
| **Involved with other services?** | **Yes** | **No** |
| **Name and contacts of other services the young person is engaging in** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LIVING SITUATION (CROSS ONE) | | | | |
| **Lives with family** | |  | **Lives independently** |  |
| **Lives in some type of out of home care** | |  | **Does not have fixed address** |  |
| **Comments** |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EDUCATION | | | | |
| **Highest completed level of education** |  | **Currently attending school** | Yes | No |
| **School name** |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EMPLOYMENT | | | | | |
| **Currently employed?** | Yes | No | **Length of employment (weeks)** |  | |
| **Number of hours worked in past month** |  | | **If not currently employed, have you ever had a job?** | Yes | No |

|  |
| --- |
| INTEREST AND HOBBIES |
|  |

|  |  |  |
| --- | --- | --- |
| HEALTH | | |
| **Is the young person experiencing any illness at the moment?** | **Yes** | **No** |
| **If yes:**   * **Type of illness** * **How long you have had this illness** * **What you have been told about how long it might last** * **What treatment you are seeking** |  |  |

|  |
| --- |
| PERMISSION TO CONTACT YOUNG PERSON – YES / NO |
| **Referrer name Referrer signature Date Allocated** |

|  |
| --- |
| CONTACTS |
| **(ph) 03 8456 3044**  **(e)** [**youthservices@dardimunwurro.com.au**](mailto:youthservices@dardimunwurro.com.au)  **ABBY KAY:**  **(m) 0456 370 713**  **ZAC LOVETT:**  **(m) 0417 695 145**  **TOM VUCENIK:**  **(m) 0448 886 520** |