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

## Person details

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | **Last name** |  |
| **Nickname** |  |  |  |
| **Date of birth** |  | A**ge** |  |
| **Address** |  |
| **Postcode** |  | **Mobile****number** |  |
| **Language group** |  |
| **Email** |  |

## Guardian/emergency contact details

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | **Last name** |  |
| **Address** |  |
| **Postcode** |  | **Mobile****number** |  |
| **Email** |  |

## Referral details

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

## About the person

**Involvement with other services**

|  |  |  |
| --- | --- | --- |
| **Is the person of involved with Correction/ Justices/ 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** |
| **Contacts** |  |

**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/TAFE/Uni** | 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**  |  |

|  |  |  |
| --- | --- | --- |
| **Is the 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**
 |  |  |

**If under age: permission to contact Young Person – YES / NO**

**Mario Canas: 0418 938 681**

**Email:** **Mario.Canas@dardimunwurro.com.au**

**Patrick Hynes: 0418 942 684**

**Email:** **Patrick.Hynes@dardimunwurro.com.au**

**(Monday - Thursday)**

 **Referrer name Referrer signature Date Allocated**