**Dardi Munwurro Youth Services Referral Form**

## Young person details Referral Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | **Preferred Name** |  |
| **Surname** |  |
| **Date of birth** |  | A**ge** |  |
| **Address** |  |
| **Postcode** |  | **Mobile****number** |  |
| **Mob (If known)** |  |
| **Email** |  |
| **Gender**  | [ ]  Male [ ]  Female [ ]  Other |
| **Pronouns** | [ ]  She/Her [ ]  He/Him [ ] They/Them |

## Guardian/emergency contact details

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

## Reason For Referral

|  |
| --- |
| **Have you Discussed with the young person the following**□ The client is willing to get support□ They are ready to change things that’s not working for them |
| **Comments** |
| **Is the client willing to:**□ Attend at Dardi Munwurro for up to 8 weeks plus attend a healing camp.□ Willing to attend programs and activities alcohol and drug free.□ Actively participate in all aspects of the program, including group activities.□ Consent to some follow up period of 12-18 months. |
| **Comments** |
| **Which Supports does the young person need from dardi**□ Cultural Connections□ Building Healthy Relationships□ Understanding their Responsibilities□ Build Emotional Intelligence □ Social wellbeing □ Health □ Mind, Body, Spirit, Emotional |
| **Does the client have any of the following Concerns** (Please put a tick and or a cross beside each)□ Youth justice□ Child Protection□ AOD □ Mental health□ Homelessness  |
| **Release of Information** – Has the client and or their guardian given permission to allow a Dardi case manager to follow up on specific and necessary information to:* improve early risk identification and intervention
* change a risk-averse culture in relation to information sharing
* increase collaboration and integration between youth and other related services
* support children’s and young people’s participation in services

□ Yes -please attach signed release of information form□ No - why? |

## Referral details

|  |  |
| --- | --- |
|  **Referring Service or Community Person** |  |
| **Contact details** | Mobile:Email: |

**Once form is completed, please send to the email list below:**

**youthservices@dardimunwurro.com.au**