**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**](mailto:youthservices@dardimunwurro.com.au)