

Referral Form



Referral Type

☐ **Service Provider:** Professionals working with Young Person

☐ **Self-referral:** Young Person seeking support directly (including carer/family-led referral)

If you are making a referral as a service provider, please commence at [Section 1](#) of this form.

If you are making a self-referral/family-led referral, please proceed directly to [Section 2](#) of this form.

Section 1: Referrer Information

Referrer's full name:	Organisation/School name:
Email:	Contact number:
Are you currently working with the young person: Yes <input type="checkbox"/> No <input type="checkbox"/>	Referral date:
Has the young person consented to this referral? Yes <input type="checkbox"/> <i>*Please attach proof of consent upon submission of referral*</i> No <input type="checkbox"/> <i>*Referral cannot proceed*</i>	
Referral is for (please tick) <input type="checkbox"/> Connection Groups – Drop-in/Community Connection/Advisory Group <input type="checkbox"/> Individual Support – Case Work/Coordination/Supported Referrals	

Section 2: Young Person Information

2.1 – Young Person Details

First Name:	Last Name:
Preferred Name:	Date of Birth:
Gender & Pronouns:	Residential Address:
Emergency Contact:	Contact number: Email:

2.2 - Additional Details (if applicable)

Aboriginal ☐ Torres Strait Islander ☐ Culturally and Linguistically Diverse ☐

Nationality:
Languages spoken at home:

How would you like to be contacted?

SMS ☐ Phone call ☐ Email ☐

Is there a specific time of day that is best to contact you? _____

Goals, Strengths and Challenges for Case Work Support

**Please note, this can be in dot points.*

Goals

This may include what you want to achieve now or planning to achieve

Strengths

This may include (historical and current) hobbies, interests, successes

Challenges/Support Priorities

This may include areas of needs, situations or barriers to achieve outcomes (such as accommodation & housing needs, employment readiness & placement, educational & training pathway, general health, including nutrition, sleep, building physical resilience, mental health, wellbeing, and developmental challenges, personal relationships, including domestic and/or family violence, developing life skills through mentorship and coaching, including managing challenging emotions, alcohol and substance misuse, sexual health and safety, identity and culture)

Are there any worker safety concerns or considerations? (e.g. family situation / relationship, medical information, concerns regarding mental health, environmental, behavioural, violence, safety issues)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If yes, please outline:
Tell us about support networks you have in your life, or have other referrals been made for additional support? <i>*Including friends, family and other services</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If yes, please provide the following info:

Declaration

I confirm that the information provided in this referral is true, correct and accurate to the best of my knowledge.

- For **self-referrals/family-led referrals**, I declare that I am providing this information about myself (or my child/family) and consent to its use for the purposes of assessing this referral and accessing relevant support services.
- For **service provider referrals**, I declare that I have obtained the informed consent of the client (or their legal guardian) to share their personal information as part of this referral and that the client/family understands the purpose of the referral and how their information will be used.

Name: _____

Signature: _____

Date: ____ / ____ / ____

<h3>Where to send this referral</h3> <p>Please email the completed referral form and any relevant documentation to: engagement@northside.asn.au For any questions, please contact the Youth Engagement Team on (02) 6171 8000</p>
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Privacy Statement

All information submitted through this referral form will be treated with the highest level of privacy, confidentiality and managed in accordance with the **Privacy Act 1988 (Cth)**, the **Australian Privacy Principles (APPs)**, and [Northside Community Service's Privacy Policy](#). Personal information collected via this form will only be shared with authorised personnel or third parties where required by law or with the explicit consent of the client. Clients have the right to access and update their personal information held by Northside Community Service. If a client wishes to withdraw their consent or has concerns regarding the handling of their information, they are encouraged to contact Northside Youth Engagement team directly.