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| Referral Form for FairGo 4 Youth Fund This form is to be completed by a Victorian community service organisation, Victorian charity or a Family Services Support Worker at Melton City Council. The completed form is to be provided to the Participant and uploaded to their FairGo 4 Youth Fund application. Questions? Please contact the FairGo 4 Youth Fund administration team on 9747 7247. | | |
| Referrer Details | | |
| First Name | |  |
| Last Name | |  |
| Position | |  |
| Organisation | |  |
| Email | |  |
| Phone | |  |
| Participant Details | | |
| First Name |  | |
| Last Name |  | |
| Date of Birth |  | |
| Parent or Guardian Details | | |
| Name |  | |
| Email |  | |
| Phone |  | |
| Reason for Referral  *This can include evidence of low-income household, listing demonstrated need and benefit from participating in this program.* | | |
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| Declaration  I warrant and agree that I have known, in a professional capacity, the eligible participant in which I am referring and are not an immediate family member. I have obtained permission from the parent, carer or guardian before completing this referral. I acknowledge and agree that the information provided in this referral is true and correct to the best of my knowledge. | | |
| Signed | | |