



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

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