**UTURN193 REFERRAL FORM**

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Is the young person aware of the referral and given their consent?

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Is the young person under the age of 16 years?

Are the parents/guardians aware of the referral and given their consent?

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\*\*If the young person is under the age of 16, the referrer must gain parent/guardian consent for the referral to be made.

**INFORMATION ABOUT THE YOUNG PERSON**

Cultural Identity of young person:

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Sudanese Aboriginal or Torres Strait Islander

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Other CALD background Non English Speaking Background

Australian Other (Please specify):

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Name:Date of birth:

Country of birth: Age:

Year of arrival in Australia (If applicable):Gender:

Other (Please specify):

Address:

Phone number:

Email Address:

Preferred Language (If other than English):

Is an interpreter needed? Young Person Parent/Guardian

School/Training Provider/Employment

**Eligibility criteria**

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Does the young person live, study or work in the City of Melton?
Does/has the young person participate/d in criminal risk taking behaviour?
Is the young person at risk of offending?
Does/has the young person have/had involvement with the police or youth justice?

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 Yesgggff dfggggfffffggggggg

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If Yes, please provide details:

**AREAS OF RISK**

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History of violence Sexualize behaviour

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Mental health concerns Drug and/or alcohol consumption

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School refusal Limited positive social support network

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Housing instability Family instability

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Low self-esteem Trauma

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Disengagement with school, training and or/employment

Other (Please specify):

What are the current needs of the young person? (These should address some of the areas of risk identified on previous page)

What is your reason for the referral? Why do you think the young person would benefit from this program?

What supports does the young person have in place (including services)?

Are there any current or previous safety concerns in relation to working with the young person?

Is there any additional information relevant to this referral