



Youth Engagement Team

South Canberra | Woden | Weston Creek | Molonglo Valley

Referral Form - Casework Support

The Youth Engagement Team offers short-term (approximately 3-months) case work support to young people aged 12-25 years old from the South Canberra, Woden, Weston Creek and Molonglo Valley areas. The young person's engagement in case work support is **voluntary**, requires their **active participation** in the process and is **goal centred** in nature. Before submitting this referral, please ensure this is explained to the young person and they understand the expectations and agree to the referral being made.

Young Person's Details:		
Full Name:	D.O.B:	Gender & Pronouns:
Phone Number:	School (if applicable):	
Home Address:		

Referrer's Details:	
Referrer's Name:	Organisation/School:
Email Address:	Phone Number:
Relationship to Young Person:	Length of Relationship with Young Person:

Young Person's Household Members and Significant Others:			
Name:	Gender:	D.O.B or Est. Age:	Relationship to Young Person:

Young Person's Family, Culture, Communication and Needs:		
Aboriginal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No	Culturally & Linguistically Diverse: <input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality:	Primary Language:	
Additional Needs, Mental Health and/or Disabilities (Please Specify): <input type="checkbox"/> Yes <input type="checkbox"/> No		

Reasons for the referral for case work support:

This may include their housing situation, income status, school, legal/court issues, unemployment etc.

Goals and outcomes the Young Person is wanting case work support to achieve:

This may include transitioning back to education, employment preparation, service navigation etc.

Young Person's Strengths and Challenges:

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

Other information relevant to the Young Person and the referral:

Please include family situation/relationship, medical information, risk level, violence, safety issues etc.

Other Services Involved with the Young Person:

Organisation:	Service Provided:	Contact Name:	Contact Number:

Young Person's Knowledge, Consent and Involvement:

Please ensure these steps are taken before submitting the referral.

Is the Young Person aware that the referral is being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Young Person interested in receiving Case Work Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Young Person aware that Case Work Support is voluntary, requires their active participation and is goal centred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If under 18 years old, is the Young Person's family aware & supportive of the referral? If No then please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Young Person provided their written and/or verbal consent for their personal information to be shared for the purposes of this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have any questions or require further information, please contact the Youth Engagement Team on 6282 2644.

Please email the completed referral form to yet@wcs.org.au

Youth Engagement Team staff member to complete.

Date referral was received:	_/_/___
Confirmation email sent to referrer that referral has been received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of staff member allocated to conduct initial review:	
Notes/outcomes of initial review including suitability for case work support:	
Name of staff member allocated to the Young Person:	
Date case work support is commenced:	_/_/___

The Youth Engagement Team is program of Woden Community Service

