

City of Kwinana Youth Services

FORM – REFERRAL

This form aims to make the collection of important information about a Young Person’s situation easy and assist in a successful referral to the City of Kwinana Youth Services for support by a Youth Engagement Officer. With this in mind please complete the form with as much detail as possible.

If you are a Young Person requiring support you can get help by visiting or telephoning Kwinana Youth Services (details below).

Email: youth@kwinana.wa.gov.au
Post: PO Box 21, Kwinana WA 6966
Fax: (08) 9439 0222
Location: ZONE, 189 Gilmore Ave, Kwinana (Cnr Gilmore Ave & Darius Drive)
Telephone: (08) 9236 4550

DETAILS OF PERSON MAKING THE REFERRAL

Is this referral by:

A Young Person (*Complete page 2*)
 Agency (*please provide details below and page 2*)

Parent (*please provide details below and page 2*)
 Other (*please provide details below and page 2*)

Full Name:

Position title:

Agency:

Telephone (W/H):

Telephone (M):

- | | | |
|--|----------|--------------------------------|
| 1. Does the Young Person reside in the Kwinana area? | YES | NO |
| 2. Is the Young Person aged between 12-18 years of age? | YES | NO |
| 3. Have you discussed with the Young Person that you are referring them to Kwinana Youth Services? | YES | NO |
| 4. Is the Young Person expecting Kwinana Youth Services to make contact directly with them? | YES | NO |
| 5. How did you hear about Kwinana Youth Services: | | |
| Word of mouth | Internet | School, <i>if so which one</i> |

Agency, *if so which one*

Other

If you answer ‘NO’ to any of these questions please reconsider whether this referral is appropriate and/or contact Kwinana Youth Services directly to discuss.

City of Kwinana Youth Services

Date of referral: / /

1. YOUNG PERSON'S DETAILS

First Name:	Surname:
Date of Birth: / /	Age:
Gender:	Cultural background:
Address:	
Suburb:	Postcode:
Telephone (H):	Telephone (M):
Email:	

2. REASON FOR REFERRAL:

3. BRIEF HISTORY OF THE YOUNG PERSON:

4. ANY OTHER ISSUES OF CONCERN?

5. WHAT ARE YOUR EXPECTED OUTCOMES?

6. OTHER SERVICES INVOLVED WITH THE YOUNG PERSON? (PLEASE LIST)

OFFICE USE ONLY:

CLIENT CASE ALLOCATED TO: NOTES:
