Please return all referrals to Levelup.referrals@diydg.org.au

For more information please contact Claire: 0403 675 104 **I** Merrissa: 0422 009 419

|  |
| --- |
| **CLIENTS DETAILS** |
|  |
| YP Name |  | Age |  | Date of Birth |  |
| YP Phone  |  | Email |  |
| Parent Name |  |
| Parent Contact |  | Parent Email |  |
| Address |  |
| YP Gender | 🢭Male | * Female
 | * Other
 | Identifies as |  |
| YP Culture  | Aboriginal |  | Torres Strait Islander |  | CALD |  |
|  |  |  |  |  |  |  |
| **INFORMED CONSENT**As a referring agent, please confirm you have spoken to the young person regarding this referral and the family and young person consent.  |
|  |
| Referral Agent |  |
| Service provider |  |
| Email Address |  |
| Office Number |  | Mobile Number |  |
| Client Verbal Consent provided | * Yes ☐ No
 | Signed by referring agency |  |
|  |
| **CURRENT SUPPORTS** |
|  |
| list any Youth Justice and/or Child Safety orders  |  |
| List current key stakeholders and/or care panels the young person is involved with |  |
| Provide list of previous schools/education programs  |  |
|  |
| **PRESENTING ISSUES** |
|  |
| * Housing
 | * Education
 | * Family
 | * Peers
 | * Health
 | * Identity
 |
| * Disability
 | * Financial
 | * Legal/Law
 | * AOD
 | * Employment
 | * Other
 |
| Please provide details of presenting issues impacting the young person’s sustainable enrolment in educationWorries:Strengths: |
|  |
| **DIYDG TEAM ONLY** |
|  |
| Referral received |  | Date reviewed |  |
| Lead |  | Approved/Denied |  |
| Referral Closed |  | Referred to if Denied |  |