



GROW A STAR REFERRAL AND EXPRESSION OF INTEREST FORM



“When I hear a young person express their joy at getting the opportunity to participate in their activity of choice, it’s fantastic. But when a parent tells you “you’ve helped change their life” well, that is really what the program is all about. It’s what we strive for at Grow a Star, making young dreams become real!”

SHANE MARSHALL GROW A STAR COORDINATOR

Please submit the completed form by email to info@growastar.com.au
or by post to:
The Grow a Star Program Coordinator
Home in Place
PO Box 58 Wickham NSW 2293

**PLEASE NOTE: ALL REFERRALS AND EOIS WILL BE SUBJECT TO AVAILABILITY OF GROW A STAR FUNDING.
THIS SUBMISSION OF THIS FORM DOES NOT GUARANTEE ACCEPTANCE INTO THE PROGRAM.**

TO ENABLE US TO ASSESS WHETHER THE YOUNG PERSON IS ELIGIBLE FOR THE GROW A STAR PROGRAM, WE REQUIRE SOME PERSONAL INFORMATION. THIS INFORMATION WILL BE TREATED IN CONFIDENCE AND WILL NOT BE DISCLOSED TO ANY OTHER PARTY.

REFERRER DETAILS

Name of Referrer	
Organisation/Service	
Phone Number	
Email address	
State	

YOUNG PERSON'S DETAILS

Name	
Address	
Date of Birth/Gender	
Country of birth	
School and Year	
Employed	YES No If yes please supply brief details:
Disability	YES No If yes please supply brief details:

Please explain why you are seeking assistance from the Grow a Star Program (150 words max)

*Please explain how the Scholarships will benefit the young person.
(150 words max)*

*If applicable, please explain how you intend to keep the young person involved in the activity once the Grow a Star scholarship has expired.
(150 words max)*

RISK ASSESSMENT:

For the safety of the Grow a Star and Home in Place staff, please complete the short risk assessment below.

Is it necessary for the young person to work with a worker of a specific gender? YES NO	Comments:
--------------------------------------------------------------------------------------------------------------	-----------

Has the young person or an immediate family member been known to:

Carry a weapon or have a weapon on the premises? YES NO	Comments:
Have any AVOs against them? YES NO	Comments:
Committed a violence offence? YES NO	Comments:
Have any current alcohol/drug usage? YES NO	Comments:
Have a history of violent behaviour? YES NO	Comments:
Have any violent and/or dangerous family members or friends? YES NO	Comments:

PARENT/GUARDIAN/CARE GIVER CONSENT

I, _____ am over the age of 18 years and able to contract for the young person in regards to this Grow a Star application.

Signature:

Contact details:

Date:

Please submit the completed form by email to info@growastar.com.au

or by post to:

The Grow a Star Program Coordinator

Home in Place

PO Box 58 Wickham NSW 2293

PLEASE NOTE: ALL REFERRALS AND EOIS WILL BE SUBJECT TO AVAILABILITY OF GROW A STAR FUNDING.

THIS SUBMISSION OF THIS FORM DOES NOT GUARANTEE ACCEPTANCE INTO THE PROGRAM.