

GROW A STAR REFERRAL AND EXPRESSION OF INTEREST FORM

Please submit the completed form:

By email: info@growastar.com.au

By post to:
The Grow a Star Program Coordinator
Compass Housing Services
PO Box 58 Wickham NSW 2293

"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!"

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 and 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:

HOUSING	CULTURAL IDENTITY
Compass Housing	Aboriginal
Public Housing	Torres Strait Is.
Community Housing	CALD
Private	Other

Has the young person agreed to this referral/application?

Has the young person received Grow a Star scholarship in the past 12 months? If yes, please give brief details

PARENT/CARE GIVER DETAILS

Name			
Address			
Phone			
Email			
How do you prefer to be contacted?	Phone	Email	Letter/mail

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 Compass Housing Services staff, please complete the short risk assessment below.

Is it necessary for the young person to work with a worker of a specific gender?	Comments:
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Has the young person or an immediate family member been known to:

Carry a weapon or have a weapon on the premises? YES	Comments:
Have any AVOs against them? YES	Comments:
Committed a violence offence? YES	Comments:
Have any current alcohol/drug usage? YES	Comments:
Have a history of violent behaviour? YES	Comments:
Have any violent and/or dangerous family members or friends? YES	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: