**Referral Form**

**SPAYC Cadets**

Cultivating young community leaders aged 15 to 25 who show an interest or passion in taking on a leadership role within the SPAYC+PLACE program or the community.

Cadets will be given the skills and training to take on service delivery roles, building their capacity, giving them responsibility, empowering them to take ownership and give back to their community. Cadets will participate in weekly workshops to build leadership skills, receive tailored mentoring and gain working experience within sport, recreation or active arts and culture industry within their community.

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| **Date of Referral** |  | | | | |
| **Young Person’s Details** | | | | | |
| **Family Name** |  | **Given Name/s** | |  | |
| **Date of Birth** |  | **Age** |  | **Gender** | M / F |
| **Address** |  | | | | |
| **Mobile Phone** |  | | | | |
| **Email** |  | | | | |
| **Status** | * Currently at school – if yes: Grade: \_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Not attending school * Studying at TAFE/University * Currently looking for work * Currently working – if yes (circle): Full Time/ Part Time / Casual | | | | |
| **Interest area** | * Sports * Active Recreation * Active Arts + Culture | | | | |
| **Consent Information** | | | | | |
| We understand that you, the referrer will have an existing relationship with the above-mentioned young person therefore to assist us in ensuring successful outcomes we expect that by referring this young person, you agree to support them through the process with the potential of becoming a mentor and/or support person for the duration of their participation (approx. 6 months).  The referrer confirms that the above-mentioned young person consents to this referral. | | | | | |
| **Referrers Details** | | | | | |
| **Organisation** |  | | | | |
| **Contact Person** |  | | | | |
| **Mobile Phone** |  | | | | |
| **Email** |  | | | | |
| **Reason for Referral** (why are you recommending the young person for this program, what are their qualities) | | | | | |
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Please send completed Referral Form to marcharbrow@harbrowmentoring.com.au