



02 4350 2600

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PO Box 3557, Tuggerah, NSW, 2259

FAX BACK
ATTENTION: Youth Pathways Managers
FAX: (02) 4350 2601

YOUTH PATHWAYS REFERRAL

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	Post Code
Home Ph	Mobile
Email	
Date of Birth	Age

Is the Applicant:

An Australian Citizen or Permanent Resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
An Indigenous Australian or Torres Strait Islander?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Is the Applicant Participating in:

JPET <input type="checkbox"/>	POEMS <input type="checkbox"/>	Green Corp. <input type="checkbox"/>
Intensive Support Customised Assistance (ISCA) <input type="checkbox"/>		
Intensive Support Job Search Training (ISJST) <input type="checkbox"/>		
What school was/is the applicant enrolled in?		
What school year is the applicant currently in?		
Does the applicant intend completing Year 12 studies? Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>		
Does the student have a DCS? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Linked with DET Transition Support? <input type="checkbox"/> Cherie Risti or <input type="checkbox"/> Tracey Scheitel		

ELIGIBILITY – Is the applicant either: (please tick boxes below)

at risk of leaving school before completing year 12?
and
 at risk of not making a successful transition through school and from school to further education, training or employment?
or
 has left school in the preceding 12 months without completing year 12
and
 at risk of not making a successful transition to further education, training or employment?

To be eligible to participate in Youth Pathways, a young person must be experiencing multiple barriers. Please tick below the barriers that may impact on the young person's likelihood to complete Year 12 and attain a successful transition:

BARRIERS		
Education <input type="checkbox"/> poor literacy and/or numeracy <input type="checkbox"/> being bullied or are bullying <input type="checkbox"/> low academic achievement <input type="checkbox"/> alienation <input type="checkbox"/> dissatisfying experience in school	Personal <input type="checkbox"/> medical conditions <input type="checkbox"/> disabilities <input type="checkbox"/> substance abuse <input type="checkbox"/> depression <input type="checkbox"/> poor social skills <input type="checkbox"/> poor discipline <input type="checkbox"/> inability to conform to acceptable community standards <input type="checkbox"/> mental health issue	Social/Cultural/Community <input type="checkbox"/> homelessness <input type="checkbox"/> family violence <input type="checkbox"/> criminal behaviour <input type="checkbox"/> time spent in foster home <input type="checkbox"/> time spent in correctional or juvenile facilities <input type="checkbox"/> carer responsibilities <input type="checkbox"/> significant financial barriers <input type="checkbox"/> household without father figure

For any further enquiries, please phone Youth Pathways Managers on toll-free 1800 796 884 or 4350 2600



Other comments: (eg: support/services involved with young person)

Have the parent/guardian been notified of referral to Youth Pathways Program?

Yes No

Contacted by: Phone Note sent home

CONSENT:

I, _____ (student name) give permission for
_____ (referrer) to refer me to Youth Pathways.
I understand information on this form will only be used to help assess my eligibility for the Youth Pathways Program.

Signed: _____ (student)

Referring school or agency: _____

Name of person referring: _____ Contact Ph: _____

Signature: _____ Date: _____

Youth Pathways Advocate please contact student to determine agreement to participate in program

Office use only – completed by Youth Pathways

Referral taken by: _____

Accepted: Yes No

Reason for non acceptance:

Did not show Client declined service Not eligible Not suitable

Comments: _____

Youth Pathways Consultant: _____

Manager: _____ Signature: _____ Date: _____

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