

Rockingham Youth Centre

Youth Work Support - Referral Form



Date Received:

Referral Type:

☐

New

☐

Existing

Details of young person:

Preferred Name:

Legal Name:

Gender identity:

Personal pronouns:

Cultural identity:

Date of birth:

Address:

Suburb:

Mobile number:

Email:

Are they attending school?:

Yes

No

List school (if applicable):

Referral source:

☐

Self

☐

Organisation/agency

☐

Family member/care giver

☐

Other:

If someone other than the young person is making the referral, please complete:

(Please note: Youth Workers may need to contact the person making the referral for additional information, referrals that do not provide contact details will not be accepted.)

Name of person making referral:

Relationship to young person:

Organisation/agency (if applicable):

Phone:

Email:

Please list details of the mental health agency the young person is currently engaged with (if applicable):

Agency:

Contact name:

Phone number:

Email:

Details of involvement:

Desired aims, objectives, and areas for support:

- ☐ Training/education support (e.g., short course, TAFE, University, etc.)
- ☐ Alternative education pathways support (e.g., Alta-1, SMYL, etc.)
- ☐ Assistance towards obtaining employment (e.g., resume writing, interview skills, etc.)
- ☐ Life skills support (e.g., budgeting, utilities, identification, etc.)
- ☐ Accessing community resources (e.g., food, clothing, legal support, etc.)
- ☐ Support with finding/maintaining accommodation (e.g., housing, emergency accommodation, etc.)
- ☐ Planning for the future (e.g., career goals, life plans, etc.)
- ☐ Linking into mental health support services (e.g., research, introductions, external referrals, etc.)
- ☐ Support with transitions (e.g., school to work, care to independence, engagement with community programs/activities, etc.)

Areas of focus identified by the young person:

(Please note: There is no need to include a comprehensive history, only points relevant to guiding our youth work service areas listed above.)

Is the young person aware of this referral, and do they consent to the referral?

(Please note: Youth Workers will not be able to engage with a young person who is unaware of, or has not consented to the referral.)

Yes ☐

No ☐



Rockingham Youth Centre



20 Mackinnon Street,
Rockingham WA 6168



(08) 9591 0836



youthcentre@rockingham.wa.gov.au

