

# 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

