

# Rockingham Youth Centre Youth Work Support - Referral Form



## Details of young person:

Name:

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Date of birth:

Age:

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Address:

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Mobile number:

Email:

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Gender identity:

Personal pronouns:

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Cultural identity:

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Does this young person attend school?

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If yes, please list the school:

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## Referral source:

Self

Organisation/agency

Family member/care giver

Other:

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

Name of person making referral:

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Relationship to young person:

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Contact details for person making referral:

Phone:

Email:

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

Yes

No

(Please note: Youth Worker's require the young person to be aware and consent to the referral. Youth Workers will refuse to engage with a clients unaware or who do not consent to referral.)

**Main presenting concerns:**

**Desired outcomes of referral**

Please list the two most current and/or previous agencies involved with the young person:

Agency:	Contact name:
Phone number:	Email:
Details of involvement:	
Agency:	Contact name:
Phone number:	Email:
Details of involvement:	



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