

# AYSS referral form



## Referring Person Information

Name of School/Agency:

Name of Referring Person:

Role at School/Agency:

Contact details; Email:

Phone:

Date of Referral:

## Personal Information

Name of person referred:

Pronoun:

Address:

Date of Birth and Age:

Has the person consented to referral?

Yes

No

Contact Details:

- Phone

- Email

Does the person identify as having a disability  
Details:

Yes

No

If yes, are they supported by an NDIS package?

Yes

No

What is the persons cultural identity?

Is an interpreter required?

Yes

No

## Parents/Guardians details

Parent/s Name:

Contact Details:

- Phone

-Other

Have they consented to referral?

Yes

No

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## Referral Information

What is the current situation for the young person? (*Behavioural changes, affect/mood presentation & changes, stressors, academic performance, family*)

Empty text area for providing current situation details.

What is the desired outcome of the support?

Empty text area for providing desired outcome details.

## Child Protection involvement?

	Yes	No	Unsure
Is Child Protection working with the young person currently?			
Has Child Protection been working with the young person in the past month?			
Has Child Protection been working with the young person in the past 12 months?			
Is the young person currently on a Child Protection Order?			
Has the young person ever been on a Child Protection Order?			

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## Other Services Involvement?

Name of School/Agency:

Contact Person:

Services Provided?:

Consent to contact? Yes No

Name of School/Agency:

Contact Person:

Services Provided?:

Consent to contact? Yes No

Name of School/Agency:

Contact Person:

Services Provided?:

Consent to contact? Yes No

## Contacting the Young person

Is it safe to call/leave a message on the number provided Yes Unsure No

Is it safe to visit the home address listed? Yes Unsure No

Is it safe to post letters to the home address? Yes Unsure No

Comments:

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## Consent

### Written Consent

The person making this referral has explained to me how and why my information will be shared with service providers. I understand why this is needed and I am giving permission for this information to be shared. I understand that I have the right to withdraw this consent at anytime.

Young Person signature:

Date:

Guardian signature:

Date

OR

### Verbal Consent (referrer use ONLY)

I have discussed with the referred person how and why their information may be shared with NESAY. I am satisfied that they understand the proposed use and disclosure, and that they have provided their informed consent to these.

### Consent obtained or witnessed by:

Name:

Position:

Signature:

Date:

**Please note - it is really important that we receive all the information we need to contact a young person. For that reason, all referral forms that are not completed will be returned.**