

NESAY REFERRAL FORM



0357 202 201



info@nesay.com.au

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 used:

Address:

Date of Birth: Age:

Has the person consented to referral? Yes No

Contact details: Phone: Email:

Does the person identify as having a disability? Yes No

- If yes, please provide more information

• 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 or Guardian's name:

Contact details: Phone: Other:

Have they consented to the referral? Yes No



REFERRAL INFORMATION



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What is the current situation for the young person?

What is the desired outcome of the support?

CHILD PROTECTION INVOLVEMENT

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





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

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 No Unsure

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

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

Comments:

NESAY is committed to promoting and enabling all children and young people to feel safe, have their voices heard, be empowered and have their diversity valued and respected.

At NESAY we do not tolerate any form of child abuse and take all allegations of child abuse seriously and we will respond to any concerns of abuse in an informed manner.

PROGRAM IDENTIFIERS



0357 202 201



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Please mark the focus areas that you identify as required to support the young person:

- Family relationships are at risk of breaking down
- Family relationships have broken down
- Risk taking behaviour
- At risk of homelessness
- Is experiencing homelessness
- At risk of entering Child Protection System
- Needs help with independent living skills
- Requires support to transition to independence
- Needs assistance to obtain 120 hours of driving time
- Showing signs of school disengagement
- Managing strong emotions

CONSENT

Written consent

The person making this referral has explained to me how and why my information will be shared. 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 any time.

Young Person signature:

Date:

Parent/Guardian:

Date:

Verbal consent

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:

Date:

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.