



CSE YOUTH PROGRAM REFERRAL FORM

CONNECT, SUPPORT, EMPOWER PROGRAM AIM

The CSE Program delivered by Goulburn Mulwaree Council Youth Services seeks to work with young people who have disengaged or are at risk of disengaging from family, education, and/or community to identify their health, career, and wellbeing aspirations. The program aims to empower young people to engage with a support worker to determine an appropriate individual pathway to achieve their goals and, in partnership with other service providers, to address, stabilise and overcome any barriers to future success. The program strives to connect disadvantaged young people to education, employment, and training opportunities to allow them to develop and grow.

How information in this referral will be used:

Any personal, sensitive and health information collected will be used by Goulburn Mulwaree Council CSE Youth Program for the primary purpose of:

- Ensuring the young person is provided with meaningful and appropriate support during specific programs and general service delivery
- Ensure parents/guardians/ workers can easily be contacted if required
- Sharing relevant information with the nominated person/s or organisation/s listed in this referral, with the young persons' written consent.

All information the young person provides shall remain private unless disclosure is required by law or consented to the young person and will be handled in accordance with the [Privacy and Personal Information Protection Act 1998 \(NSW\)](#).

Referral Consent:

(Name of referrer) _____

(Name of Young Person) _____

(Noting all information included in this referral has been provided with the young person's written consent).

Signature of Referrer: _____ Date: ____/____/____

Signature of Young Person: _____ Date: ____/____/____

Signature of Parent/Legal Guardian: _____ Date: ____/____/____
(if young person is under the age of 16)

Thank you for completing a referral to the CONNECT, SUPPORT, EMPOWER (CSE) Youth Program.
Should you have any questions or require assistance with completing this referral form please contact:

Luke Wallace
Goulburn Mulwaree Council
Youth Services Coordinator
T: 02 4823 4838
M: 0430 203 675
E: Luke.Wallace@goulburn.nsw.gov.au

Referral Details				Commented [MN1]:
<input type="checkbox"/> Self Referral		<input type="checkbox"/> Parent/Guardian Referral		<input type="checkbox"/> Agency Referral
Date referral submitted: ____/____/____				
Referrer Details (if not a self referral)				
Relationship to the young person:				
Organisation/Agency (if applicable):				
First Name:		Surname:		
Mobile:		Home/Business PH:		
Email:				
Address:				
Suburb:			Post Code:	
Young Person's Details				
First Name:		Surname:		
Address:				
Suburb:			Post Code:	
Age:	Date of Birth: ____/____/____	Pronouns:	Mobile:	
If the young person is under the age of 16, are the Parents/Legal Guardian aware of this referral?				Yes/No
Cultural				
Does the young person identify as Aboriginal or Torres Strait Islander?				Yes/No
Cultural Background:		Language/s spoken?		
Is the young person an Australian Citizen?				Yes/No
If the young person is not an Australian Citizen, do they hold:				
<ul style="list-style-type: none">A permanent visaAnother type of visa, please specify _____				Yes/No Yes/No
Health/Medical				
Please indicate if any of the following apply to the young person and specify any treatment/medications:				
<input type="checkbox"/> Epilepsy: _____				
<input type="checkbox"/> Asthma: _____				
<input type="checkbox"/> Allergies: _____				
<input type="checkbox"/> Learning Disability: _____				
<input type="checkbox"/> Physical Disability: _____				
<input type="checkbox"/> Mental Health(ie. Depression/Anxiety) _____				
<input type="checkbox"/> Other, please specify _____				

Living Circumstances		
Does the young person live with their parents?		Yes/No
If No, please give details of living arrangements:		
Are there any court orders/custody arrangements for the young person? <i>If Yes, please provide a copy of the court order/custody arrangement with this referral</i>		Yes/No
Parent/Legal Guardian Details		
Relationship to the young person:		
First Name		Surname
Address:		
Suburb:		Postcode:
Mobile:		Home/Business PH:
Education		
Is the young person currently enrolled in school? <i>If yes, please provide details (year level & institution)</i>		Yes/No
What is the highest level of education the young person has COMPLETED?		
<div><input type="checkbox"/> Below Year 10</div> <div><input type="checkbox"/> Year 11</div> <div><input type="checkbox"/> Year 12/Equivalent</div> <div><input type="checkbox"/> Certificate II</div> <div><input type="checkbox"/> Certificate III</div> <div><input type="checkbox"/> Certificate IV</div> <div><input type="checkbox"/> Diploma</div> <div><input type="checkbox"/> Bachelor's degree or Higher</div>		
Employment Status		
<div><input type="checkbox"/> Unemployed, not looking for work</div> <div><input type="checkbox"/> Unemployed, looking for casual or part time work</div> <div><input type="checkbox"/> Unemployed, looking for full time work</div> <div><input type="checkbox"/> Employed, casual</div> <div><input type="checkbox"/> Employed, part time</div> <div><input type="checkbox"/> Employed, full time</div> <div><input type="checkbox"/> Undertaking Volunteer work</div>		

In what area/s does the young person require support? (Tick all that apply)	
<div><input type="checkbox"/> Family & Relationships</div> <div><input type="checkbox"/> Housing & Accommodation</div> <div><input type="checkbox"/> Education & Training</div> <div><input type="checkbox"/> Vocational Skills, Career Pathways & Employment</div> <div><input type="checkbox"/> Physical Health</div> <div><input type="checkbox"/> Mental Health</div> <div><input type="checkbox"/> Emotional Health</div> <div><input type="checkbox"/> Alcohol and/or Other Drugs</div> <div><input type="checkbox"/> Financial</div> <div><input type="checkbox"/> Other, please specify _____</div>	
Does the young person currently receive support from any other services? If yes, please list and provide details:	
Agency & Contact Name/Number:	Service being provided/area being supported in:
1.	
2.	
3.	
4.	
5.	
6.	

Please return referral form via one of the methods listed below:	
In Person: 155 Auburn Street Goulburn NSW 2580; PO Box 1033.	
Email: Luke.Wallace@goulburn.nsw.gov.au	