



*Please note this program caters for young people from a diverse range of backgrounds ranging from minor challenges to complex needs.* 

## **Referral Criteria:**

- Young person aged between 10 and 15 years inclusively.
- Live or enrolled/ attending school in the City of Boroondara or Manningham City Council.
- Applications must be auspiced by a school or agency.

#### Priority will be given to:

- Young people who are at risk of disengaging from school.
- Young people who are selected by their school as being in need of additional support.
- Young people experiencing mental health difficulties.
- Young people with social or academic difficulties.



# The Goodlife Farm

# Referral Form - Term 3, 2017 Applications Due Friday 23<sup>rd</sup> June

Application Form		
Date:		
Referring School / Agency:		
Contact Person:		
Position:		
Email:		
Phone:		
Mobile:		
School Name and Contact: (if different to above)		
Applicant Details		
Name:		
D.O.B:		
Address:		
Caregiver (Name):		
Address (if different from above):		
Phone:		
Mobile:		
Email:		

Referral Information		
Summary of current difficulties, including social and school functioning (include individual, family & school background)?		
Please detail any current or past services which have been engaged to support this child/ family?		
Does the young person have any physical or psychological conditions?		
Does the young person currently take any medication?		
Does the young person have any allergies or dietary restrictions?		
Is there any additional information you would like the facilitators to be aware of to ensure the young person gets the most benefit from the program (e.g. how they self-manage, anxieties, challenges working with peers)?		
For further details please contact:		
Please scan and email completed forms to:		
SFYS Boroondara   Shaun O'Brien <u>shaun.obrien@boroondara.vic.gov.au</u> Ph:9835 7826 SFYS Manningham  Wendy Ross <u>wendy.ross@manningham.vic.gov.au</u> Ph:9840 9452		

Privacy Statement: This information will only be used for the purpose of the SFYS Goodlife Farm program. Documents will not be shared with any third party; information will be stored securely and destroyed after 24 months.



# The Goodlife Farm

Young Person's Form		
My Name:		
My favourite food and hobby:		
Farm activities that I am interested in (e.g. feeding animals, making friends, growing vegetables, cooking, building, working as a team):		
Something I would like the program leaders to know about me:		



### PARENT CONSENT FORM

Please read the following statements carefully:

- I acknowledge that I have been informed of the activities to be undertaken on the Goodlife Farm and of the nature of the Farm and that there are some inherent risks of injury in these activities. I understand that Farm personnel are suitably experienced and qualified, have developed safety procedures and will use their skills to promote the safety of the participant.
- I authorise facilitators from the City of Manningham/ City of Boroondara to transport my child to and from the Goodlife Farm in a bus. I will arrange for my child to be dropped off and collected from the designated pick up point.
- I authorise medical treatment for my son /daughter in the event of an emergency and I agree to the provision of first aid treatment where reasonably thought to be needed by program facilitators. I understand that in the event of an emergency program facilitators will attempt to make contact with my emergency contact (provided below) as soon as possible.
- I understand that should my child exhibit unsafe behaviour they may be returned from the program early and/ or may be asked to leave the program.

I	, wit	h due regard given to the
above statements, prov	ide consent for my child:	
to attend the Goodlife F	arm.	
Relationship to particip	ant:	
In case of emergency please conta	ct (please provide two emergency contacts if pos	ssible):
Name:		
Contact:		
Name:		
Contact:		
Signature of Parent/ Caregiver:		
Date:		