



Springboard Program Referral Form

Please note that, for a young person to be eligible for springboard, they must have been in residential care / lead tenant at the age of 16 years

Please complete all sections, preferably in collaboration with the young person, this will assist in ensuring your referral is actioned as quickly as possible and enables appropriate preparation for Springboard involvement.

Referring Organisation:		
Referring Worker:	Contact Details:	
Email Address:		
Date of Referral:		
Is the Young Person aware of this referral	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Client Details:

Name:	Preferred Name:
Address:	
Date of Birth:	Age:
Gender:	Email:
Contact Phone Number/s:	
Is the Young person of Indigenous or Torres strait Islander descent?	Cultural background/Identity:
Country of Birth:	Primary language spoken:
Does the young person have any religious/spiritual preferences:	
Does the young person want/need an advocate:	
Centrelink Reference Number (CRN):	

Please confirm below what identification the client has (<i>identification is required for course enrolments and Centrelink</i>)	
<input type="checkbox"/> Original Birth Certificate	<input type="checkbox"/> Health Care Card
<input type="checkbox"/> Medicare Card	<input type="checkbox"/> Learners Permit
<input type="checkbox"/> Bank Account/Card	<input type="checkbox"/> Drivers Licence
<input type="checkbox"/> Proof of Age Card	<input type="checkbox"/> Student Card

Historical information to confirm eligibility

Please provide a brief history of the Young Person's time in Out-of-Home Care e.g. past and current placements, age at time of placements and Order types

Current Order Type (if applicable):	Expiry Date:

Reason for referral

Reason for referral, including the young person's current circumstances and importantly what the young person has identified they would like Springboard to support them with.

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What is the young person's hobbies, interests and most importantly their aspirations?

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Please identify the skills, strengths and positive attributes that the young person possesses within their personal life as well as in an education/employment setting

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Education and Training

Name of Study being undertaken & education provider / school where currently enrolled			
Current Year Level		Highest Year Level completed	
Expected course completion date		Frequency of attendance and level of engagement	
If not currently enrolled in education or training, details of most recent enrolment			

Has the young person completed or partially completed any other courses or qualifications? Including mainstream schooling, TAFE Courses, Certificate Courses and Short Courses. E.g. Certificate II Hairdressing, RSA, Food Handlers, White Card			
Name of provider	Course Name	Date	Completed Y/N

*Please attach client's most recent school report where possible

Please detail <u>ALL</u> Personal, Educational and/or Employment Achievements they reached and/or obtained e.g. Sports/School Captains, Awards, Participation in leadership groups, volunteering?

Employment and Work Experience

Has the person engaged in any paid or unpaid/voluntary Work Experience and are they currently employed?

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Financial

What is the young person's source of income?
Do they have any requirements to get this income e.g. Centrelink Youth Allowance required to attend Job Active or DES Provider Appointments or be enrolled and attending school?

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Legal

Does the young person have any recorded criminal charges and/or has the young person been involved with police? Please detail any current Youth Justice order and basic conditions of order.

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What positive steps has the young person taken to address any legal matters or reduce their offending?

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Mental Health

Are there any mental health concerns that may impact on the young person's effective transition to education, training or employment? Do they have any formal diagnoses and are they currently receiving support for their mental health?

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What positive strategies, big or small, has the young person created themselves to assist them with managing their mental health? E.g. go for a walk, listen to music, call friends/family

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Alcohol & Other Drugs

Does the young person have any current alcohol and other drug concerns or a history of substance use? If so, how would you describe the young person's use and are they currently engaged with support to address this?

Can the young person give an example of any positives in not using or a time/experience they have felt good about not using?

Health

Does the young person have any physical health issues that may have a direct impact on their transition to education, training or employment?

Are there any disability/disabilities that might impact on the young person's effective transition to education, training or employment E.g. Learning difficulties, cognitive difficulties (please provide any relevant reports in relation to disability/disabilities)

Current Support Services

Name	Organisation	Role	Contact Details

Family and Social Relationships

Name	Relationship	Contact Details

Are there any specific family issues or concerns that impact on the young person and may impact their ability to engage, or any other significant incidents within the young person's life that have an impact on their ability to engage in education, training or employment?

Safety Issues and/or Areas of Concern

Are there any safety issues, risk factors or other areas of concern? (e.g. threats, violence, racial intolerance, worker safety issues)

*Please attach client's current management safety plan where appropriate