

## **PEACEFUL WARRIORS**Young Person Application Form

## SECTION A

	Name		Relationship	Age/Date of Birth	Living in the Home
11.	Who forms the family of yo	ung person?			
10.	Email Address:				
9.	Contact Numbers:	Home:		Mobile:	
					Post Code:
8.	Home Address:				
7.	Languages Spoken:				
6.	Religious Background:				
5.	Cultural Background:				
4.	Date of Birth:		Age:		
3:	Gender:	Male	Female		
2.	Young Person's Name:				
1.	Parent/Guardian's Name:				



Are there currently any services / workers supporting this young person? If yes, please enter the details including goals and strategies.

Family Genogram



Presenting issues are they relate to the young person:	Current Case Manager:	Site:
	Presenting issues are they relate to the young person:	
Current case plan goals as they relate to the young person:	Current case plan goals as they relate to the young person:	



Please give an indication of the following:

Attendance at school:

Progress at school:

Behaviour at school:

	Plan for integrating Peaceful V	/arriors outcomes / issue	s into family system:		
SE	CTION B				
1.	Name of School:				
2.	Grade / Year:				
3.	School Address:				
				I	Post Code:
4.	School Contact Person:				
5.	Contact's Position:			Contact's Phon	e No:



91	ECTION C
1.	
2	Please describe any behaviour concerns at home / school.
-	
3.	Please describe any difficulties the young person has in making or maintaining friendships with peers.



## SECTION D (complete what is known, co-ordinator to follow up additional information)

1.	What are some of the young person's interests and hobbies?
2	How does the young person typically spend their weekends?
3.	What after school activites does the young person participate in?
4.	What are the young person's favourite TV shows / videos / DVDs?
5	What are the the young persons favourite books, magazines, comics etc.?
6	What are the young persons favourite bands, artists, instruments played etc.?
7.	What are the young persons favourite sports, team, players, etc.?



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Yes

2

No

1.	Does the young person have any health conditions or disability that may impact their involvement in the program?			
	Yes	No	If yes, please provide details.	
2	Does the young pers	on take any pre	escribed medication?	

If yes, please provide details.

SE	SECTION F						
1.	Is the young persor	n subject to any	/ Family Court or Children's Court orders?				
	Yes	No	If yes, please provide details.				

Does the young person have contact with their non-residential parent?  Yes No NA  If yes, are they aware of this referral to the Peaceful Warriors Mentor Program?			
	ontact with their non-re	s the young person have	Does the yo
If yes, are they aware of this referral to the Peaceful Warriors Mentor Program?	NA	No	Yes
in you, and they aware of this followart of the followart warners werner i regram.	eferral to the Peaceful V	s, are they aware of this r	If yes, are t
noro montor rrogram.		NA	No NA



Briefly describe the family history Include information about types, frequency and intensity of family violence, other relevant issues including mental health or substance abuse within the family. What particular aspects of the Peaceful Warriors Mentor Program do you think would be most helpful for the young person?



Is there anything else that the Peaceful Warriors Mentor Program sh would help us with supporting them during the program?	nould know a	bout the young	person or their family that
Print Name:		Parent	please tick appropriate
Cignoture		Guardian	
Signature:		Guarulan	
Date		Other	
REFERRED BY:	<b>5</b> .		
Name: Organisation:	Role: Phone:		
Organisation.	i iioiic.		