

NORTHERN SPRINGBOARD REFERRAL FORM

DATE:		
YOUNG PERSON'S DETAILS		
Name:	Date of Birth:	GENDER
Contact No:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified
Address:		
Cultural Identity:	Language Spoken:	
Does the young person identify as Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, does the young person want support that is strongly connected to Aboriginal or Torres Strait Islander culture, community & country? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CONSENT TO REFER		
Has the young person given consent for this referral to be actioned? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If identified as Aboriginal or Torres Strait Islander, does the young prefer support from a Springboard Indigenous Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DETAILS OF PERSON MAKING REFERRAL		
Contact Person:	Agency:	
Contact No:	Email:	
ELIGIBILITY DETAILS		
*Please Note: All young people are required to signed the attached eligibility consent form on page 6		
Is the young person age 16 -21? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<small>*Please Note: Young people age 15 can be considered on Case by case basis</small>		
Is or has the young person been subject to any of the following orders?		
Care by Secretary Order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Reunification Order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Long –term Care Order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the young person currently residing in residential or lead tenant out of home care? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES Placement Type: <input type="checkbox"/> Lead Tenant <input type="checkbox"/> Residential Care <input type="checkbox"/> Other: _____		

If NO, has the young person been subject to the above orders and exited residential or Lead Tenant at the time of leaving care?

Yes No Unsure

Does the young person live, work or study in any of the following LGA's?

Yarra Darebin Whittlesea Hume Moreland Banyule Nillumbik

VERIFICATION OF CARE TEAM DETAILS

If currently still in care, please complete the following information in regards to the young person's care team:

Community Services Organisation (CSO)	Child Protection Details
Name:	Name:
Contact No:	Contact No:
Email:	Email:

Key Residential Contact Details

Name:	Contact No:
Email Address:	

PREVIOUS SPRINGBOARD ENGAGEMENT

Has the young person engaged/access Springboard in the North East DHHS region previously?

Yes No If Yes, please provided details of engagement period. Eg. 2017

If No, is or has the young person engaged in springboard in another DHHS region?

Yes No

If Yes, Please provide name of Springboard Provider:

Is this referral a request for a region Transfer? Yes No

If Yes, please provide details of reason for transfer?

EDUCATIONAL HISTORY

Has the young person had an education needs assessment? Yes No Unsure

Highest Level of School Completion:

Year 7 or below Year 8 Year 9 Year 10 Year 11 Year 12

Other: Year Completed Education:

<p>Is the young person currently engaged in education, training or employment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If YES, Please provide details:</p>
<p>If NO, how long has it been since the young person has engaged in education or training?</p> <p><input type="checkbox"/> 1-2 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> over 12 months</p>
<p>Is the young person interested in any of the following pathways?</p> <p><input type="checkbox"/> Short Course <input type="checkbox"/> Secondary School <input type="checkbox"/> Tafe <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Employment</p> <p><input type="checkbox"/> Other:</p>
<p>Please list the education/employment areas of interest expressed by the young person?</p> <p>1.</p>
<p>2.</p>
<p>3.</p>

PARTICIPANTS HISTORY		
HEALTH & WELLBEING:		
Does the young person have any of the following?		
Health or development concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently on any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosed or undiagnosed, cognitive, intellectual and/or learning difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current or previous substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suspect or diagnosed mental health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If yes to any of the above, please provide details below:</p> 		
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Document Owner: Area Manager City North		
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LEGAL	
Past or present involvement with police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current or pending criminal related concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current involvement with Youth Justice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above please provide details below:	
STAFF SAFETY	
Springboard is an outreach support program. We need to ensure best practice and safety for both staff and young people. The following information obtained will not hinder on a young person's referral	
High Risk Behaviours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Safety Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transporting young person in vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exclusion to venues, e.g shopping centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please provide details of plans to best work with this young person:	

Other Key Professionals Supporting Young Person		
Name/Agency	Contact Number	Email Address

<p>Please return referral to: Springboard Intake worker Email: springboard@mcm.org.au</p> <p>For more information regarding intake and referral allocations please email Springboard: springboard@mcm.org.au</p>
<p>OFFICE USE ONLY</p> <p>Has the referral been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Agency accepting referral :</p> <p><input type="checkbox"/> Salvation Army Australia <input type="checkbox"/> Melbourne City Mission <input type="checkbox"/> Mission Australia</p>

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VICTORIAN LEAVING CARE SERVICES
NORTHERN SPRINGBOARD EDUCATION SUPPORT PROGRAM

CONSENT & ELIGIBILITY QUERY

This form is to be signed by all young people who wish to engage in the springboard program.

Springboard Intake worker to forward to DHHS PCU Email: nwr.leavingcarepcu@dhhs.vic.gov.au or Fax (03) 9412 2777

Young Person's Name:

Gender: Male Female

Age:

Date of Birth:

Contact phone number:

Mobile

Address:

I _____ give permission to the Northern Springboard Program to obtain and share information that will:

- Support my referral to the Victorian Leaving Care Service
- Provide me with assistance in my transition to independence through education, employment & training opportunities.

This information will be shared with those agencies that are providing me with the supports I need to maintain my safety and independence.

Applicant's signature: _____ **Date:** _____

REFERRING WORKER'S DETAILS

Worker's Name:

Agency:

Agency Address:

Ph:

Mobile:

Fax:

Worker's Signature: _____ Date: _____

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