

**Youth Engagement Support (YES) Program**

**REFERRAL FORM**

Council is funded by the Department of Families, Fairness and Housing through the Empower Youth Program to deliver the Youth Engagement Support (YES). The YES program targets young people who have disengaged or are at risk of disengaging from education, training and/or employment.

Delivered by Council’s Youth Development Officers the program supports young people to create and achieve SMART goals based on the four delivery outcomes of the Empower Youth Program and facilitates the involvement of young people in the development and implementation of services.

YES, works holistically with young people and their families, the program focuses on supporting young people to experience improved health and wellbeing, feel connected and participate in their community, to engage/renege education and training and to explore potential career pathways they may wish to follow. We support young people to identify the barriers and challenges they face in all aspects of their lives which impact on their engagement in education/training or employment.

**Wellbeing/Fitness/Social Connection Programs**

YES offers young people the opportunity to plan and engage in a variety of programs focused on wellbeing, fitness and social connection. The programs each aim to assist young people to:

* Build their confidence
* Learn tools to support them to take care of their mental health and wellbeing
* Make friends and social connections
* Engage in and feel connected to their community

**Individual Support**

Young people referred to the YES program will be engaged in one-on-one individual support sessions (and optional group activities) will be provided by a qualified youth worker who will empower the young people to create and achieve individual goals. To re/engage in education, training, or employment.

**Early Intervention - Transition Program**

The YES program also has an early intervention approach, providing transition support for students who have been identified as at-risk from two target groups, grade 6 students transitioning to year 7; and students entering an independent VCAL program at a foundation level. This program is offered from November term 4 through to term 1 the following year.

**Eligibility Criteria**

* The young person is aged 12-25 years
* The young person lives, studies, or works in the Moorabool Shire
* The young person agrees to participate in the program
* Parent consent is provided for young people aged under 18 years

Upon receipt of the referral, contact will be made with the referrer and connection will be made with the young person and/or parent/carer.

If the young person chooses not to engage with this service, we will advise the referrer.

**If you would like to discuss a potential referral, please contact us on (03)5366 7100. Please send all referrals in writing to** **youthservices@moorabool.vic.gov.au**

**Please use the arrow keys to navigate through the form.**

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| **Date of Referral:**  | Click or tap to select date | You can select date using the template or type date directly (DD/MM/YYYY) |

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| **YOUNG PERSON DETAILS** |
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| **Name:** | Full name |
| **Date of Birth:** | Click or tap to enter a date | You can select date using the template or type date directly (DD/MM/YYYY) |
| **Gender:** | Please complete | **Preferred pronouns:** | Please list |
| **­Address:** | Street addressTownPostcode |
| **Home Phone Number:** | Home phone |
| **Mobile Phone Number:** | Mobile number |
| **Email Address:** | email@address |
| **Country of Birth:** | Country of birth | **Cultural identity:**  | Cultural identity |
| **Do you identify as Aboriginal and/or Torres Strait Islander?** | Please select |
| **Languages spoken:** | Please list  | **Interpreter required:** | Please selectAdditional information |
| **Education/ Employment 7Status:** |  [ ]  School [ ]  TAFE [ ] University [ ] Employed  [ ] Unemployed [ ]  <15 not attending school |
| **Name of School/ Educational Institution and year level:** | Name of school/educational institutionEnter year level/level of study  |

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| **Has the young person given permission to contact them?(Required)** | Select an option |

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| **EMERGENCY CONTACT** (Parent, Guardian, or Adult over the age of 18 years) |
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| **Name:** | Full name |
| **Contact Details:** | Mobile/phone number |
| **Relationship to youngperson:** | Relationship to young person |

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| **REFERRING AGENCY DETAILS** |
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| **Name of worker:** | Full name |
| **Name of agency/school:** | Agency/school |
| **Relationship to young person:** | Relationship to young person |
| **Mobile:** | Enter mobile number | **Email:** | Enter email@address |
| **How is your school/agency currently supporting the young person?** | Enter details |
| **What other services/agencies are working with the young person?** | Enter details |
| **Does the young person have an additional need or a pre-existing mental health condition?** | Please selectAdditional information |
| **Do you anticipate the young person experiencing any barriers in accessing this program?** | Enter details |
| **What are the young person’s strengths and interests?** | Enter strengths and interests |
| **Has this young person accessed this service previously?** | Please select  |

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| **Please provide information in relation to any presenting issues and the impact on the young person participating in education, training or employment:** |
| Enter details |
| **Is there any other information that you would like to provide regarding this referral?** |
| Enter details |

# **PRIVACY & CONFIDENTIALITY**

The personal information requested on this form is being collected by Council for reference and identification purposes. We will only use personal information and health records provided by you for the purposes for which it was collected and for Council to fulfil its business requirements. In accord with our Privacy Policy, we will not disclose your personal information without consent to a third party, institution or authority except where your permission is given, or it is required by law or other regulation.

Personal Information is held by Moorabool Shire Council in accordance with the Privacy and Data Protection Act 2014 and Health Records Act 2001.

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| **CONSENT**  |
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| **Type of Consent:****(required)** | Please Select |

Please complete one of the following:

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| **VERBAL CONSENT** |
| I have discussed the above referral and received verbal consent from the parent/carer and young person for a referral to Moorabool Shire Council Youth Servicesfor the client’s information to be disseminated for the purposes of this referral. |
| **Signature of referrer:** | Enter full name |
| **Date:** | Click or tap to enter a date |

**OR**

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| **WRITTEN CONSENT** |
| I have discussed this referral to Moorabool Shire Council Youth Services and have given consent for my information to be disseminated for the purposes of this referral. |
| **Young person signature (if under 18 years of age)**[Please note that a Parent/Carer signature is also required]: | Enter full name |
| **Young person (over 18 years of age) or Parent/Carer signature** [If young person under 18 years of age]: | Enter full name |
| **Name of referrer:** | Enter full name |
| **Date:** | Click or tap to enter a date |

**Please send all referrals in writing to** **youthservices@moorabool.vic.gov.au****.**