

## Galilee School Referral Form

Date Complete: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Young Person's Details:

Given Name(s)		Surname	
Gender		Preferred Pronouns	
Date of Birth		Year Level	
Address			
Suburb		State	Postcode
Home Number		Mobile Number	
Email			
Is the young person of Indigenous or Torres Strait Islander origin, or do they identify as such?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> No		
Country of Birth			
Citizenship Status			
Does the young person identify as culturally or linguistically diverse?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Language/s other than English spoken at home? (if applicable)			
Does the young person have a diagnosed disability (cognitive, physical or mental health)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Parent/Carer/Guardian One Details:

Title		Given Name		Surname	
Address					
Suburb		State		Postcode	
Home Number		Mobile Number			
Work Number					
Email					
Relationship to young person				Occupation	

**Parent/Carer/Guardian Two Details:**

Title		Given Name		Surname	
Address					
Suburb		State		Postcode	
Home Number		Mobile Number			
Work Number					
Email					
Relationship to young person				Occupation	

**Referring Person's Details (if different from above):**

Title		Given Name		Surname	
Organisation/School (if applicable)					
Work Number		Mobile Number			
Email					
Relationship to Young person				Occupation	

**Current Enrolled School:**

School young person is currently enrolled at:				
Is the young person currently attending the enrolled school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does Galilee School have permission to contact the school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**Current Living Arrangements:**

*Please select the most appropriate option:*

Is the young person currently living with parents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the young person living in out of home care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which organization and/or program does the young person reside with?		
Is the young person living with another carer or guardian (kinship, foster care)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Current Service Involvement**

Is the young person currently involved with Child and Youth Protection Services, including Youth Justice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide case worker details below	
Is the young person currently involved with any other services? (e.g. Barnardos, PCYC, Ted Noffs etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which services? Please provide case worker details on next page		

**Case Worker 1:**

Given Name		Surname	
Organisation (if applicable)			
Work Number		Mobile Number	
Length of contact with young person			
Email			

**Case Worker 2:**

Given Name		Surname	
Organisation (if applicable)			
Work Number		Mobile Number	
Length of contact with young person			
Email			

**Reason for Referral:**

Basic information around reason for referral:

**Thank you for your referral!**

Please be advised that a Galilee School representative will be in touch to organise a meeting with the young person, to view the school and discuss the young person’s future enrolment.

Please send this form to [galilee.school@commsatwork.org](mailto:galilee.school@commsatwork.org)