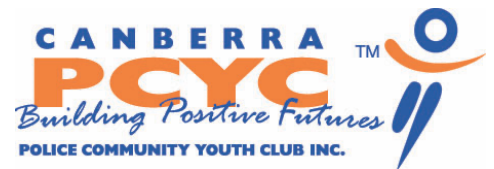


Canberra Police Community Youth Club Referral Form



Please send the completed form to referral@pcyc.net.au

CONSENT TO COLLECT INFORMATION			
<p>All information on this form will be treated in accordance with the Canberra PCYC (CPCYC) Privacy Policy. CPCYC collects information to connect individuals and families to the right service at the right time. This information is stored on a database. No-one outside CPCYC has access to identified information from this database without the person's consent.</p> <p>Personal information may also be shared with external agencies if required under law, or to prevent a serious threat to anyone's safety.</p> <p>Does the person being referred agree to provide information on this basis? Yes <input type="checkbox"/></p>			
PERSONAL DETAILS			
Name:	DOB / Age:	Gender:	Enquiry Date:
Contact phone(s):	Email:		
Address:			
Preferred contact method: [phone / text / email]		Is it ok to leave a message? Y / N	
Referee's legal guardian's name:		Contact:	
CULTURE, COMMUNICATION, TRANSPORT AND ADDITIONAL NEEDS (Tick all applicable)			
Aboriginal <input type="checkbox"/>	Country of birth:	Language spoken at home:	
Torres Strait Islander <input type="checkbox"/>	Year of arrival:	Interpreter required <input type="checkbox"/>	
Neither <input type="checkbox"/>			
Transport: Car <input type="checkbox"/> Public transport <input type="checkbox"/> Other – specify:			
REFERRAL / AGENCY DETAILS (if applicable)			
Referring Agency:		Contact Person:	Phone: Email:
Other agencies involved	Services provided	Contact details:	
Service engagement: Regular <input type="checkbox"/> Infrequent <input type="checkbox"/> Crisis only <input type="checkbox"/> Disengaged/wants new provider <input type="checkbox"/>			
CPCYC PROGRAM THE SERVICE USER IS BEING REFERRED TO			
Project 180 <input type="checkbox"/> Project Empower <input type="checkbox"/> Project Level Up <input type="checkbox"/> Hands Across the Ages <input type="checkbox"/> Project Step by Step <input type="checkbox"/> Project Youth Mobile Training Van <input type="checkbox"/> Mower Shed – Lawn Mowing <input type="checkbox"/> Sponsored Erindale Activities <input type="checkbox"/> Project Mentoring <input type="checkbox"/> Project Next Level <input type="checkbox"/>			
BRIEF OUTLINE OF ISSUES AND NEEDS (attach a second sheet where necessary)			