**Canberra Police Community Youth Club**

**Referral Form**

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

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| **CONSENT TO COLLECT INFORMATION**  |
| 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.Personal information may also be shared with external agencies if required under law, or to prevent a serious threat to anyone’s safety. Does the person being referred agree to provide information on this basis? Yes ☐  |
| **PERSONAL DETAILS** |
| Name:  | DOB / Age:  | Gender: | Enquiry Date: |
| Phone:  | Email:  |
| Address:  |
| Preferred contact method: 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 ☐Torres Strait Islander ☐Neither ☐  | Country of birth:Year of arrival: | Language spoken at home:Interpreter required ☐  |
| Transport: Car ☐ Public transport ☐ Other – specify: |
| **REFERRAL / AGENCY DETAILS** (if applicable) |
| Referring Agency / Name: | Contact Person:  | Phone: Email:  |
| Other agencies involved | Services provided | Contact details: |
| Service engagement: Regular☐ Infrequent☐ Crisis only☐ Disengaged/wants new provider☐ |
| **CPCYC PROGRAM THE SERVICE USER IS BEING REFERRED TO** |
| Project 180 ☐ Project Empower ☐ Project Level Up ☐ Project Next Level ☐ Project Solid Ground ☐ Project Parental Guidance Recommended ☐ Project New Leaf ☐ Project Step by Step ☐ Project Youth Mobile Training Van ☐ Sponsored Erindale Activities☐ Project Mentoring ☐  |

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| **BRIEF OUTLINE OF ISSUES AND NEEDS** (attach a second sheet where necessary) |
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*Please send the completed form to* ***referral@pcyc.net.au*** ***or contact Rebecca Miller on 02 6296 7822.***