**Canberra Police Community Youth Club**

**Referral Form**

*Please send the completed form to* [***referral@pcyc.net.au***](mailto: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: |
| 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 ☐  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: | | | | Contact Person: | | | Phone:  Email: | |
| Other agencies involved | Services provided | | | | | | Contact details: | |
| Service engagement: Regular☐ Infrequent☐ Crisis only☐ Disengaged/wants new provider☐ | | | | | | | | |
| **CPCYC PROGRAM IS THE SERVICE USER BEING REFERRED TO** | | | | | | | | |
| Adventure Program ☐ Intensive Diversion Program ☐ BOOYAH Program ☐  Understanding Teens ☐ Face Your Anger ☐ Sponsored Erindale Activities ☐  Case Management ☐ Need-A-Nanna Mentoring Program ☐  Fee For Service Case Work ☐ NDIS Core Support ☐ ~~TOIP ☐~~ | | | | | | | | |
| **BRIEF OUTLINE OF ISSUES AND NEEDS** (attach a second sheet where necessary) | | | | | | | | |
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