



DARUMBAL COMMUNITY YOUTH SERVICE INC

2/155 Alma St | PO Box 266
 Rockhampton Qld 4700
 Ph: (07) 4922 6180 | Fax: (07) 4922 8147
 Email: referral@darumbal.org.au

REFERRAL FORM

REFERRER DETAILS			
Referrer Name:			
Organisation:			
Contact Number:	Work:	Mobile:	
Email:			
Reason for Referral:			
CLIENT DETAILS			
Name:			
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex
Address:			
Phone:	Mobile:		Home:
Do you identify as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Australian South Sea Islander <input type="checkbox"/> Other:		
Has the client consented to this referral?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, has consent from parent/guardian been provided? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Does the client authorise and consent for DCYSI to collect and obtain the above personal information to share with relevant agencies and services to assist in addressing the above identified needs and support? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, has consent from parent/guardian been provided? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Client Name:		
	Signature:	Date:	
	If under 18 years of age, Parent/Guardian/Next of Kin consent required (where possible):		
	Parent/Guardian/Next of Kin Name:		
	Signature:	Date:	
	Referrer Signature:	Date:	

Please forward referrals to:

- DCYSI Office: 2/155 Alma St, Rockhampton 4700
- Email: referral@darumbal.org.au
- Fax: (07) 4922 8147

SCHOOL/TRAINING INFORMATION	
Is the young person currently attending school or training? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes please list where: _____	
Is the young person: <input type="checkbox"/> Attending <input type="checkbox"/> Disengaged <input type="checkbox"/> Truant <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled/Excluded <input type="checkbox"/> Not enrolled	
ORDERS	
Is the young person under any legal orders? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please select from the below:	
<input type="checkbox"/> Child Protection	<input type="checkbox"/> Family Law
<input type="checkbox"/> Youth Justice	<input type="checkbox"/> Probation and Parole
PLEASE SELECT ONE OR MORE TYPES OF SUPPORT REQUIRED FOR THE YOUNG PERSON:	
CASE MANAGEMENT SERVICES	
HOMELESSNESS	<input type="checkbox"/> Reconnect: <i>Indigenous</i> 12-18 years; At risk of homelessness, disengaged from school
YOUTH JUSTICE	<input type="checkbox"/> Walali Bili: <i>Indigenous</i> 10 – 17 years; Under Youth Justice Orders, disengaged from school
	<input type="checkbox"/> Bail Support: <i>All</i> 10-17 years; Under Youth Justice Orders
GENERALIST SUPPORT	<input type="checkbox"/> Regional Youth Support Service (Case Management): <i>All</i> 8-12 years;
	<input type="checkbox"/> Regional Youth Support Service (Support): <i>All</i> 18-21; Transitioning to independence
SPECIALIST SERVICES	
<input type="checkbox"/> Darderrhi: <i>Indigenous</i> 12-17; Alcohol, drugs and substance misuse	
<input type="checkbox"/> Parent and Child Education (PaCE): <i>Indigenous</i> 5-17; Education, alternative learning spaces	
<input type="checkbox"/> Yimba Bira & Tackle 6: <i>All</i> Kindy – Year 7; Traditional Indigenous games, Resilience Program	
<input type="checkbox"/> Budaroo House: <i>All</i> 16-21; Homeless	
BEHAVIOUR BASED PROGRAMS	
<input type="checkbox"/> Love Bites: <i>All</i> 15-17 years; Respectful relationships program	
<input type="checkbox"/> Junior Love Bites: <i>All</i> 11-14 years; Respectful relationships program	
<input type="checkbox"/> Renegotiating Angry and Guilty Emotions (RAGE): <i>All</i> 8-21 years; Adolescent violence prevention program	
<input type="checkbox"/> Maru Gadyu: <i>All young women</i> 12-18 years; Resilience and wellbeing program	
<input type="checkbox"/> Deadly Thinking: <i>Indigenous</i> 12-17 years; Social, emotional and wellbeing program	

(OFFICE USE ONLY)		
Entered in YSIC/SRS:	<input type="checkbox"/> No <input type="checkbox"/> Yes – Date:	Staff Name/Signed:
Initial contact made:	Date:	Staff Name/Signed:
Initial appointment booked:	Date:	Staff Name/Signed:
Client referred to:	<input type="checkbox"/> RYSS (Support) <input type="checkbox"/> RYSS (CM) <input type="checkbox"/> Reconnect <input type="checkbox"/> Walali Bili <input type="checkbox"/> Bail Support <input type="checkbox"/> Darderrhi <input type="checkbox"/> Budaroo <input type="checkbox"/> Yimba Bira & Tackle 6 <input type="checkbox"/> PaCE	
Intake complete:	<input type="checkbox"/> No <input type="checkbox"/> Yes – Date:	Staff Name/Signed: