



DATE RECEIVED:	/	/
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REFERRAL FORM

HOW TO RETURN THIS FORM	
EMAIL:	Please email the completed referral to: Mary Giglio mg@sasy.sa.edu.au
POST:	Please post the completed referral to: 30 Chesser St Adelaide SA 5000

Student Details			
Student Name:			
Address:		Post Code:	
Postal Address:		Student Mobile:	
DOB:		Age:	Gender: M: <input type="checkbox"/> F: <input type="checkbox"/>
Indigenous: Y: <input type="checkbox"/> N: <input type="checkbox"/> Unknown: <input type="checkbox"/>	Non-English Speaking Background:		Y: <input type="checkbox"/> N: <input type="checkbox"/>
Humanitarian Refugee: Y: <input type="checkbox"/> N: <input type="checkbox"/>	Culturally and Linguistically Diverse:		Y: <input type="checkbox"/> N: <input type="checkbox"/>
Country of Birth:			

Parent/Carer Details		
Name:		
Address:		Mobile:
Email:		
Relationship to Student:		
Referral Source:	Name:	Ph:
Organisation/School:		

School History	
Is the Student Still Enrolled at School?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
Current Year Level:	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
Most Recent School Attended:	
Other Comments:	
Is the Student Registered with Centrelink?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
Is the Student Employed?	No: <input type="checkbox"/> Casual/Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/>

Student Questions

How did you hear about SASY?

Why are you interested in coming to SASY?

What do you know about SASY?

What are you looking to achieve by coming to SASY?

What benefit do you think you can gain by enrolling into SASY?

Do you know any students who attend SASY?

When was the last time you attended school?

How frequently did or are you attending?

What wasn't or isn't working in mainstream school?

Are you currently seeing any health professionals?

If so, who?

If required are you willing to work alongside a health professional?

If not, why?

Participant Barriers		
Educational Factors	Personal Factors	Social/Cultural/Community
<input type="checkbox"/> Poor literacy/numeracy	<input type="checkbox"/> Mental health issues*	<input type="checkbox"/> Family breakdown
<input type="checkbox"/> Dissatisfaction with school	<input type="checkbox"/> Disability*	<input type="checkbox"/> Family violence
<input type="checkbox"/> Bullying or isolation	<input type="checkbox"/> Drug & alcohol issues*	<input type="checkbox"/> Criminal behaviour*
<input type="checkbox"/> Poor attendance	<input type="checkbox"/> Carer responsibilities	<input type="checkbox"/> Institutionalisation*
<input type="checkbox"/> History of suspension expulsion	<input type="checkbox"/> Out of home care involvement	<input type="checkbox"/> Significant financial barriers
Other:	Other:	Other:
Does the student have a child or children?		Y: <input type="checkbox"/> N: <input type="checkbox"/>
Does the student require assistance with childcare?		Y: <input type="checkbox"/> N: <input type="checkbox"/>
Is the student a carer for someone?		Y: <input type="checkbox"/> N: <input type="checkbox"/>
Will any of the above barriers impact the student's learning?		Y: <input type="checkbox"/> N: <input type="checkbox"/>
Is the student a Guardian of the Minister? (GOM)		Y: <input type="checkbox"/> N: <input type="checkbox"/>

Vocational / Employment			
Please list any areas of training or employment interest/history:			
1.			
2.			
Other support services involved			
Current Y/N	Agency	Worker's name	Contact details
Y: <input type="checkbox"/> N: <input type="checkbox"/>			
Y: <input type="checkbox"/> N: <input type="checkbox"/>			
Y: <input type="checkbox"/> N: <input type="checkbox"/>			
Y: <input type="checkbox"/> N: <input type="checkbox"/>			
Y: <input type="checkbox"/> N: <input type="checkbox"/>			

** If you have ticked a box with an asterisk (*), we will require supporting documentation for the respective section*

Consent Details

<p><u>Verbal Consent</u> <u>(Agency Worker Use Only)</u></p> <p>Verbal consent can be used when it is not practicable to obtain written consent</p> <p>I have discussed the proposed referral with the young person or authorised representative and I am satisfied that the young person understands the proposed uses and disclosures, and has provided their consent to information from this referral being shared with SASY.</p> <p>Worker signature: _____</p> <p>Worker name: _____</p> <p>Date: ___ / ___ / ____ (dd/mm/yyyy)</p> <p>Position: _____</p>	<p><u>Written Consent by Student</u></p> <p>My worker / practitioner has discussed with me how, and why certain information about me may need to be provided to other service providers (such as SASY). In the absence of an agency worker, a parent/guardian may complete this section. I understand the recommendations and I give consent to information from this referral being shared with SASY.</p> <p>Signature of student: _____</p> <p>Date ___ / ___ / ____ (dd/mm/yyyy)</p> <p>Name of student: _____</p> <p>Worker signature: _____</p> <p>Worker name: _____</p> <p>Position: _____</p>
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SASY Staff Use Only			
Referral taken by:			
Signature:		Date:	
Referral accepted:		Y: <input type="checkbox"/> N: <input type="checkbox"/>	
Reasons (if No):			
Referred to Case Manager:	Name:		Date: