

Request for Service

This form can be completed by a professional with a young person to record the young person's details and refer them to a Level 1 Service or other appropriate service to support the needs of the young person.



Date _____

Young Person's Details

Given Name(s) _____ Surname _____

Gender Male Female Other

Date of birth _____

Education In Education Yes No Full Time Part Time

Employment Status Employed? Yes No NA Full Time Part Time Casual

Cultural Identity Aboriginal or Torres Straight Islander Yes No

CALD Yes No

Ethnicity _____

Language spoken _____

Interpreter required Yes No

Young Person's Contact Details

Homeless / No fixed address

Address _____

Phone Mobile _____ Home _____

Email _____

Is it ok to send or leave a message Yes* No *If yes, please tick appropriate box(es)
 Mobile Home Text Email Post Social Media

Parent/Carer/Guardian Details

Relationship to Young Person _____

Given Name(s) _____ Surname _____

Phone Mobile _____ Home _____

Address (if different from above) _____

Email _____

Permission to contact identified Parent/Carer/Guardian? Yes No

Professional/Volunteer/Referrer's details

Given Name(s) _____ Surname _____

Service/School _____

Role/Position _____

Phone _____

Email _____

Consent to Share Information

Please refer to the training manual for a comprehensive explanation regards consent and the need for permission to share information for different purposes. It is compulsory that all young people's information is managed and stored in accordance with privacy legislation, and the policies of your service or school.

Personal/health information to be shared with:

Service Type	Name of Service Provider	Type of Information	Purpose/s

Record of consent:

Written young person's (or parent/caregiver's where applicable) consent

The worker/practitioner has discussed with me how and why certain information about me may be shared with other service providers, as above. I understand this and I give my consent for the information to be shared. I understand I can withdraw this consent at any time.

Name: _____

Young person's signature: _____ Date _____

or

The worker/practitioner has discussed with me how and why certain information about my child may be shared with other service providers, as above. I understand this and I give consent for my child's information to be shared. I understand I can withdraw this consent at any time.

Name: _____

Parent/caregiver's signature: _____ Date _____

Verbal young person's (or parent/caregiver's where applicable) consent

I have discussed with the young person or parent/caregiver how and why certain information may be shared with other service providers/schools. I am satisfied that this has been understood and that informed consent for the information to be shared as detailed above has been given. I have informed the young person or parent/caregiver that they can withdraw their consent at any time.

Professional/volunteer/referrer's name: _____

Professional/volunteer/referrer's signature: _____ Date _____

Does the young person give consent that de-identified information obtained through completing this tool can be used for evaluation purposes?

Yes

No

This information has been collected by myself (the professional / volunteer / referrer as listed on page one), and I verify that it is true and correct.

Professional/Volunteer/Referrer's signature:

_____ Date _____

Is any other Service(s)/School involved with the young person/family? Yes No

(If yes please list them) _____

Risk

If you have any concerns in relation to risk please refer to the training manual. Alternatively you can seek advice from a Level 1 Service or from one of the services listed below.

Do you think the;

Young person is currently in crisis?

Yes

No

Young person is an immediate risk to themselves or others

Yes

No

Does the young person require immediate medical attention

Yes

No

Are there any identified Child Protection concerns

Yes

No

Do you have any other immediate concerns for the welfare and safety of the young person?

Yes

No

If you have ticked yes to any of the above questions you will need to take the appropriate course of action immediately in line with your organisations policy. Please also refer to suggested emergency contacts on the next page.

Referral

Please give a brief overview of the reason(s) why you are referring this young person?

Referral to:

Name of Service/School	
Contact person	
Phone number	
Email	
Type of referral	<input type="checkbox"/> Supported <input type="checkbox"/> Assisted
Date	

When referring a young person to another service it is good practice to call this service to initiate contact with them. Have you contacted the organisation listed in the box above? Yes No

After you have sent the referral

Once you have sent the referral it is your responsibility to ensure that it has been received by the intended recipient. Once you are satisfied that it has been received it is then the responsibility of the organisation/professional receiving the referral to make contact with you in a timely fashion to discuss the outcome of the referral.

To protect the young person's confidentiality the information that you receive will be on a need to know basis, but at the very least you will know if the young person is engaged with another service.

If you are unhappy with the service that you and/or the young person have received please refer to the training manual for an agreed process that you can take to report this.

Emergency Contacts

If you or the young person is in any immediate danger please do not hesitate, call 000.

Child Protection – Department of Human Services - Ph 1300 360 391

Referral where circumstance has a serious impact on the child's immediate safety, stability or development, or the concern is persistent and entrenched and likely to have a significant impact on the child's development.

Child FIRST - Ph 1300 369 146

A service where you can receive information and support and if immediate safety of the young person is not compromised.

Eastern Health CYMHS ACCESS - Ph 1300 721 927

The ACCESS team deal with all referrals for young people needing a mental health response from Eastern Health. They will offer support if you have immediate concerns regards a young person's mental state.

24 Hour Crisis Support/Information

Child Protection	13 12 78
Crime Stoppers	1800 333 000
Directline (Drug/Alcohol)	1800 888 236
Family Drug Health	1300 660 068
Housing crisis line	1300 558 484
Kids Helpline	1800 551 800
Lifeline	13 11 14
Nurse on Call	1300 60 60 24
Parentline	13 22 89
Poisons Information Centre	13 11 26
Suicide Helpline	1300 651 251
Victorian Sexual Assault Crisis Line	1800 806 292
Youth Substance Abuse Service	1800 014 446



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