

Referral Date: _____ **Referral Email:** CYRD@kurbingui.org.au

Details of Young Person Referred

First Name: _____ **Surname:** _____

Age/ DOB: _____ **Gender:** _____

Contact No: _____ **ICMS Number:** _____

Cultural Identity:

- Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander
 Non – Indigenous Other _____

Address: _____ **Post Code:** _____

- Residential Facility or Supported Community Accommodation

Contact Person: _____ **Contact No:** _____

Parents/Guardian: _____ **Contact No:** _____

Other Significant Family: _____ **Contact No:** _____

Is the young person on any Statutory Orders?: Yes No

What is the Order: _____ **Child Safety:** Yes No

Child Safety Service Centre: _____

What is the Agreement/Order?

Is the young person subject to Bail Orders?: Yes No

Next Court Date (if known): _____ **Court Location (if known):** _____

Young Person's Current Location

Young Person's Current Location

- Remanded in Watchhouse _____
- Remanded in BYDC _____
- At Home _____
- CBD _____
- Shelter _____
- Unknown _____

Comments:

Young Person's Presenting Issues

- Substance Abuse _____
- Family Conflict _____
- Homeless _____
- Mental Health _____
- Sexual Assault _____
- Domestic Violence _____
- Other _____

Comments:

Reason for Referral

Please describe the situation:

Young Person Aware of Referral: Yes No

Parent/Guardian Aware of Referral: Yes No

Support Requested

Please describe:

Contact Person

Name: _____ Contact No: _____

Position: _____ Contact Details: _____

Please email completed form to: CYRD@kurbingui.org.au