Kurbingui
youth & family development

Yur'iinkin Youth Program
Bail Response Program
Referral Form

Details of Young Person Referred

First Name: _____ Surname: _____

Age/ DOB: _____ Gender: _____

Contact No: _____ Unify Number: _____

Address: _____ Post Code: _____

Parents/Guardian: _____ Contact No: _____

Other Significant Family: _____ Contact No: _____

Cultural Identity:

☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander

☐ Non – Indigenous ☐ Other _____

Young Person's Current Location

Young Person's Current Location

☐ Watchhouse ☐ Residence ☐ BYDC ☐ Shelter ☐ Unknown

Comments:

Has the young person broken the law in the past 3 months? or	☐ Yes	☐ No	☐ N/A
Is the young person on any Youth Justice Statutory Orders	☐ Yes	☐ No	☐ N/A
Is the young person on Police or Watchhouse Bail?	☐ Yes	☐ No	☐ N/A

If Yes, What orders are the young person on: _____

_____

_____

Youth Justice Service Centre: Bowen Hills, Redcliffe, Caboolture. (please circle)

Caseworker: _____

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

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Reason for Referral:

What goals have been identified with the young person and family?

Is the young person involved with Deptartment Child Safety? ☐ **Yes** ☐ **No**

If Yes, Which Child Safety Centre: _____

Child Safety Officer Name: _____

Additional Comments: Optional Regarding Involvement with DEPT Child Safety

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Young Person's Presenting Issues

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

What Support is already in place?

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

Is the young person Aware of Referral: ☐ Yes ☐ No

Is the Parent/Guardian Aware of Referral: ☐ Yes ☐ No

Referral Date: _____ Referrer: _____

Orgnasiation: _____ Phone: _____

Email: _____

Please email referral to this address: brp@kurbingui.org.au

Thank you for your referral to the Yur'iinkin Youth Program.

Our team will be in contact with you within 72 hours