

Referral Date:	Referrer's Address:
Referral Agency:	
Type of Plan: (Please attach AA/FGC report)	Referrer's Phone Number:

Client Name:	Home Address:
Date of Birth:	
Gender:	Phone Number:
Ethnicity:	School/Course:

Father:	Mother:	Caregiver:
Address:	Address:	Address:
Phone No.:	Phone No.:	Phone No.:
Emergency Contact:		
Phone No. & Address:		

Other key agencies involved?			
Agency	Contact Person	Phone Number	Email Address

Known Risk Factors (i.e., factors outside of the young person's control)					
Harmful levels of exposure to AoD in the home	Witness or subject to violence/abuse/neglect	Considerable household financial stress	Overcrowded household (3 or more people per room)	Household or individual transience	
Household on benefit	Single parent household	Caregiver mental illness (please state below, if known)	Not living with at least one biological parent	Parent deceased	
Parent with prison/community sentence	Poor maternal physical health	Mother no qualification	High rates of neighbourhood crime & violence		
Other (please state)					
Key issues or concerns (i.e., reasons for referral)					
Poor self-control	Poor educational achievement	Violence/Assault	Stealing/Shoplifting	Truancy	
Known to police	AoD use	Not focussed, easily distracted	Physical wellbeing concerns	Absconding	
Diagnosed behavioural issues (please attach any reports/info)	Low confidence/self-esteem	Bullying	Mental health (please attach any reports/info)	Non-compliance	
Other (please state)					

What key areas would you like the mentor to focus on?		
Is there any support or action already in place to deal with these key issues or concerns?		
Issue	Support	Course(s) of action

Any protective factors?	Details
At least one supportive/protective relationship	
Skills or talents	
Member of a group/team	
Do you have any additional background information?	

For TYMS Staff only:

Admission	<input type="radio"/> Approve <input type="radio"/> Decline	
Deferred (and why):	Parent Consent	<input type="radio"/> Yes <input type="radio"/> No
Signed	(General Manager)	Date of