

Referral to hYLITE

Date: _____

Is the young person (YP) aware of this referral? Yes No

If under 16 years of age, are the parents/carers aware? Yes No

Does the young person provide consent for feedback to be given to the referrer? Yes No

Young Person's Details:

Name: _____ Surname: _____ Gender: M F

Current Address: _____

Contact Phone Number _____ (whose phone, i.e. young person, Mum) _____

DOB: _____ Education Provider (e.g. school) _____

Referrers Contact Details:

Name: _____ Organisation: _____

Ph: _____ Mobile: _____

Email: _____ Fax: _____

Postal Address: _____

Is the young person a student? Yes No (if yes, please tick appropriate box)

High School Full time Part Time **TAFE** Full Time Part Time **University** Full Time Part Time

Name of Education provider _____

If the young person is attending hYLITE for support with learning and education they will need to bring with them or have access to their learning materials from their education provider (school, TAFE, Distance Education etc.). Please indicate the most appropriate contact person hYLITE staff can liaise with from the education provider regarding the young persons learning materials.

Name: _____ Organisation _____

Ph: _____ Mobile: _____

Email: _____ Fax: _____

Is this person aware of the young person's referral to hYLITE? Yes No

Does the YP provide consent for feedback to be given to the above person/organisation? Yes No

Reason/s For Referral: (Please tick if relevant, you may tick more than one option)

- The YP is on suspension from their school.
- The YP is being referred for LLNP (must be eligible for job seeker allowance).
- The YP is being referred by their school to attend hYLITE as part of their school timetable.
- The YP is pregnant, or a new parent.
- The YP is accessing **headspace** services and being referred by a headspace staff member.
- The YP is a job seeker.
- Other _____

Additional Information:

As far as you are aware, would the YP benefit from any of the following **headspace** support services:

Mental Health Physical Health Drug and Alcohol

As far as you are aware, does the YP pose a safety risk to themselves, staff or other young people attending hYLITE? Yes No If yes, please attach safety plan/risk assessment.

Further Relevant Additional Information : (Please attaché additional documents if necessary)

Please forward referral forms to NSW Central West headspace:

In person: Cnr Havannah & Piper Streets Bathurst Mail: PO Box 175 Bathurst NSW 2795

Fax: 02 6338 1199 Email: hylite@hscw.org.au Phone: 6338 1100