



W.Y.L.D. PROJECTS
WHERE YOUTH LIVE DREAMS

Referral Form

Youth Details	Surname			
	Given names			
	Preferred Name			
	ATSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Age		Date of Birth	/ /
	Home Number		Mobile	
	Email			
	Address			
	Suburb		Post Code	
	School Attending/ Job Active Provider		Grade	
	List any qualifications/certificates/employment:			

Referral	Is this a verbal referral?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Verbal Referral approved by parent/guardian?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Referral organisation if applicable:			
	Employees Name:			
	Reason for referral?			
	List of current support service			



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Medical Information	Do you have the following?		Details	
	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Respiratory problems	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Recent Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Recent Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other – Please List (include dietary needs)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>* Please attach any extra information if requiring more space</i>				
	Medical Condition	Medication	Dosage	When to be taken
I authorise the supervising youth worker to obtain medical/dental assistance which they deem necessary should an accident occur and agree to pay all medical expenses including pharmaceutical supplies and conveyance by ambulance incurred on behalf of the above student.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
I authorise practitioners to administer anaesthetic or blood transfusion, if such an eventuality arises.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify to the best of my knowledge that my child does not have, or has not been in contact with, any infectious diseases.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Doctors Name				
Family Doctors Phone				
I authorise the above medical practitioner to provide hospital authorities or other qualified medical practitioners additional information concerning any of the medical conditions identified above.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact	Name 1		Surname	
	Relationship		Mobile	
	Home Phone		Work	
	Name 2		Surname	
	Relationship		Mobile	
	Home Phone		Work	



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Consent	I understand, by becoming a participant of WYLD Projects,	
	I agree to home visit as required that are approved by parent/guardian and for general information as to my well-being may be passed to my family	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I agree to WYLD Projects Media Consent	
	<ul style="list-style-type: none"> a) Making images or recordings, whether sound, digital or otherwise, of myself and/or the Child ("Images and Recordings"); b) Using, publishing or reproducing the Images and Recordings in any form (in whole or in part) and by any medium, including but not limited to newspapers, magazines, brochures, television advertisements, promotional videos, websites, CD-ROM or other multi-media, for public relations, promotions, commercial and advertising purposes ("Promotional Materials"); and c) Retaining or storing the Images and Recordings (including those incorporated into Promotional Materials), in hard copy or digitally, including but not limited to, deposit of the Images and Recordings into safe storage. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	That all my personal information is private and confidential and kept for tracking WYLD Projects Inc programs which I participate in and that my information can be accessed by any WYLD Projects Worker working with me. Information including my attendance rate, training and employment details, and goals will be collected to assist your transition through school. My information will not be shared with any other organisation or person without my permission and consent except in the following circumstances:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> a) If the worker believes I am at immediate and serious risk of harm or pose an immediate and serious risk of harm to another person; b) Department of Child Safety will be notified of my circumstances if I am under 18 years of age and out of home or at risk in my home situation; c) The police will be notified for my safety if I have left home and not notified my family or authorities. 	
	That statistics may be gathered from my file and collated for general reporting to State or Commonwealth bodies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I am covered by WYLD Projects insurances while participating in their projects	<input type="checkbox"/> Yes <input type="checkbox"/> No
I must comply with WYLD Projects and/or the participants schools student code of conduct, inappropriate behaviour, or repetitive non-attendance may result in being exited from the program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I give permission to WYLD Projects worker to discuss my circumstances with my school, Job Active Provider, Centrelink, support network, of my involvement in this program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>As Parent/Caregiver/Guardian of</p> <p>I,, give my consent for him/her to participate in WYLD projects programs until the individual leaves the program or until the age of adult consent is obtained.</p> <p>Client signature:</p> <p>Parent/Guardian:</p> <p>Employee signature for verbal or organisation referral:</p> <p>WYLD employee signature: Date:</p>		