Third Party Referral Form

Please note: *Please complete form electronically or by printing and completing via hand. Use of the electronic functions within this form (e.g. check box) is dependent on the currency of your computer software.*

REFERRER'S DETAILS	
Date	/ /
Name	
Organisation/ School/ Other	
Relationship to Young Person	
Phone Number	
Email Address	

YOUNG PERSON'S DETAILS				
Name				
Address				
Suburb/Town		Postcode		
Phone 1		Phone 2		
DOB	/ /	Identified Disability		
Gender		Country of Birth		
Cultural Identity	☐ Aboriginal	☐ Torres Strait Islander	☐ Anglo Australian	☐ Other
Language/s and dialect spoken (for interpreting purposes)				
Interpreting Service Required/Requested	☐ Yes		☐ No	

PARENT/CARER DETAILS	
Name	
Relationship to Young Person	
Country of Birth	

Permission to Contact	☐ Yes		☐ No
Phone 1		Phone 2	
Language/s and dialect spoken (for interpreting purposes)			
Interpreting Service Required/Requested	☐ Yes		☐ No

PRIMARY PRESENTING ISSUE (what is the main reason for this referral)

ADDITIONAL SUPPORT NEEDS

WHAT OUTCOME/S WOULD YOU LIKE TO SEE FROM THIS REFERRAL

GENERAL INFORMATION			
Is Child Safety Services involved with the young person?	☐ Yes	☐ No	☐ Unknown
Is Youth Justice Services involved with the young person?	☐ Yes	☐ No	☐ Unknown
Is there conflict between the young person and their parent/carer/s?	☐ Yes	☐ No	☐ Unknown
Does the young person have any diagnosed Mental Health issues?	☐ Yes	☐ No	☐ Unknown
Does the young person know of this referral?	☐ Yes	☐ No	☐ Unknown
Does the young person consent to this referral?	☐ Yes	☐ No	☐ Unknown
Has the young person's Parent/Carer been informed of this referral?	☐ Yes	☐ No	☐ Unknown

OTHER RELEVANT INFORMATION ABOUT THE YOUNG PERSON'S CIRCUMSTANCES

Please forward ICYS Referral Form to:

Eligibility	Email address	Fax
Young person aged 10-15 (primary target age) who has had contact with Police and at risk of offending or reoffending	cyr@icys.org.au	(07) 3812 2971
Young person aged 12-21 residing in the greater Ipswich Region	yss@icys.org.au	
Young person aged 12-21 residing in the Somerset or Lockyer Valley regions	yss@icys.org.au	
Young person aged 16-25 who is homeless or at risk of homelessness	housingintake@icys.org.au	