



Please use one form per immediate family

Verbal consent obtained from the Parent/Guardian for this referral.

Date of Referral:

**Referral Information:**

The St Vincent de Paul Society Canberra/Goulburn's ("Society") St Joe's Youth Program and VINES Teens Program are catered to children and young people who are disadvantaged, socially isolated or who have been affected by a significant family, or environmental event. The programs aim to provide respite, recreation and develop social and emotional skills.

**St Joe's Youth Program (6-12 years old)**

**VINES Teens Program (13-15 years old)**

Referring Organisation/ Vinnies Conference			
Contact Person		Position	
Contact Number		Email	
Relationship with the young person (e.g. case worker)		Duration the young person has been associated with your service	
Brief history of the family or young person and reason(s) for referral			
Court order or parenting agreement	Yes    If yes, please provide details: No		

**Family Information:**

Name of Parent/ Guardian			
Relationship to Young Person			
Contact Number (mobile preferred)		Email	
Postal Address (activity invitations will be sent to this address)	Street		State
	Suburb		Postcode
Aboriginal/ Torres Strait Islander?		Culturally and Linguistically Diverse?	Yes No



**Participant(s) Information:**

*Please attach a separate sheet if required*

**Important Information for Referrers and Parents/ Guardians:**

Young people with medical conditions can participate fully in the Society's programs when they are able to reliably and independently manage their condition. It is important that the Society has a good understanding of the young person's condition in order to assess the risk associated and be able to offer the best possible assistance in case of a medical emergency. **For this reason, we require that all participants who have serious medical conditions that could be aggravated by participating in the program (e.g. serious allergies, asthma, heart conditions) fully disclose that information in this form.**

Young Person's Full Name	Date of Birth	Gender	School/ Year

Please outline any medical conditions, behavioural needs and/or disabilities (intellectual/learning, psychiatric, sensory/speech, physical/diverse) you are aware of.

Please outline any allergies and/or dietary needs you are aware of.

**Other Information:**

*Information collected in this section is for ACT Government funding reporting purposes and will be de-identified.*

Country of Birth		Parent/ Guardian's Main Source of Income	Other (please specify):
Main Language Spoken at Home			
Other Language Spoken at Home			



Household Composition	Other (please specify):	Housing Tenure	Other (please specify):
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**Privacy Statement:**

The Society collects the information you provide on this form for the primary purpose of supporting the needs of the young person in the program. We may also use the personal information provided to co-ordinate the provision of assistance with third party service providers and to provide statistical reports. We are committed to protecting your personal information. This information is stored on a secure database. Your personal data will never be shared with anyone outside the Society (excluding contracted third parties who provide the Society with professional or technological services), unless there is a serious threat to life, health or safety to any person or is required by law, for example, by order of a court or tribunal. If you do not provide the information requested on this form, we may not be able to assist the young person. For more information, please refer to: [www.vinnies.org.au/page/Privacy](http://www.vinnies.org.au/page/Privacy).

**Official Use Only:**

Referral Approved / Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Received by: \_\_\_\_\_ Signature: \_\_\_\_\_

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