St Vincent de Paul Society
CANBERRA/GOULBURN
good works

ST JOSEPH'S YOUTH PROGRAM (JOE'S)
REFERRAL FORM

CONFIRM REFERRAL *(please **one form** per immediate family)*	
Verbal consent obtained from the Parent/Guardian for this referral	☐ Yes ☐ No
Date of Referral	

REFERRAL INFORMATION

The St Vincent de Paul Society Canberra/Goulburn's (Society) Joe's caters to children and young people, aged between 6–15 years old, who are disadvantaged, socially isolated or who have been affected by a significant family, or environmental event. The program aims to provide respite, recreation and develop social and emotional skills.

Referring Organisation/ Vinnies Conference			
Contact person		**Position**	
Contact number		**Email**	
Relationship with young person (E.g. case worker)		**Duration the young person has been associated with your service**	

FAMILY INFORMATION

Name of Parent/Guardian					
Relationship with young person					
Contact number (activity invitations will be sent to this number)			**Email**		
Postal address	**Street**			**State**	
	Suburb			**Postcode**	
Aboriginal/Torres Strait Islander?	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐ Inadequately described				
Culturally and Linguistically Diverse?	☐ Yes ☐ No	**Main language spoken at home**		**Country of birth**	☐ Australia ☐ Other (please specify):
Brief history of the family or young person and reason(s) for referral					
Court order of parenting agreement	☐ Yes ☐ No If yes, please provide details:				

PARTICIPANT(S) INFORMATION

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.

OTHER INFORMATION *(Information collected in this section is for ACT Government funding reporting purposes and will be de-identified)*	
Parent/Guardian's main source of income	☐ Nil income ☐ Employee Salary/Wage ☐ Self employed ☐ Government payments ☐ Other (please specify):
Household Composition	☐ One parent with child ☐ Couple with children ☐ Other (please specify):
Housing tenure	☐ Renter – Public ☐ Renter – Private ☐ Owner – with mortgage ☐ Owner – without mortgage ☐ Refugee/Emergency Housing ☐ Other (please specify):

Our privacy policy is also available on our website - https://vinnies.link/privacypolicy

Submit the form by emailing youth@vinnies-cg.org.au