



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 Nick's Young Carers Program is catered to young people who are caring for a family member with a chronic illness, disability, who is frail aged or has a drug or alcohol dependency. The program aims to provide respite, recreation and the opportunity to engage with other young carers.

St Nick's Young Carers Program (9-15 years old)

St Nick's Teens Program (16-17 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	Main Language Spoken at Home	



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.

Carer Details:

Duration the Young Person has been a Carer		
Caring Duties	Emotional Support Personal Care Responding to Emergencies <i>Other (please provide details):</i>	Household Tasks Nursing Tasks Minding Younger Siblings



Impact of Caring Role	Financial Difficulties Missing School/School Work No or Limited Access to Transports Social Isolation Carer Stress Other (please provide details):
Other services involved with the family you are aware of	

Details of Care Recipient *(person that the young person is caring for):*

Relationship to Young Carer <i>(e.g. Mother, Sibling)</i>	
Nature of Illness / Disability / Condition	

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.

Official Use Only:

Referral Approved / Not Approved: _____ Date: _____

Reason: _____

Received by: _____ Signature: _____

**CLICK HERE TO
SUBMIT FORM**