



Independent Riders Workshops

Making a difference the cool way!

REFERRAL FORM

INDEPENDENT RIDERS COMMUNITY WORKSHOPS

CONFIDENTIAL

Please complete this form USING BLOCK LETTERS and forward to:

Independent Riders Australia

276 Kent Street QLD 4650

Phone : 0408 193750 Secondary: 0409 575284

Email: irworkshops@ourcommunityfrasercoast.com.au

Office Use only

Date received:

Checklist

- Young person is 15-18 years
- Young person is disengaged from mainstream education or at risk of being excluded from Education Queensland
- Young person **WANTS** to engage in this education program and is committed to attending
- Young person is not currently enrolled in any other alternative education
- Young person is not employed
- Referral Sheet has every section completed
- Is the young person currently in Detention

REFERRER'S DETAILS:

Date:	Referrer's name:
Organisation:	Office / Mobile Phone:
Has the young person consented to this referral? Yes / No	
Is the young person's guardian supportive of the referral? Yes / No	
Reason for Referral?:	
Is the Current One School Portfolio Attached: Yes / No	
What course is the young person being referred to?	

YOUNG PERSON'S DETAILS:

Name:	Date of Birth:	Age:
Gender: Male / Female / Transgender	Address:	
Personal Mobile:	Home Phone:	
USI:		
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD: _____		
Is there a current or ongoing medical condition or disability: Yes / No		
If yes, please provide details:		



Court Order? CRO / CBP/ Probation Order/ Bail conditions/ Other conditions?: Yes / No Details:		End Date:
Is the program envisaged to be part of this person's YJ requirements or condition to return to school? Yes / No		
Centrelink Support: Yes / No Details:		
Employment History:		
SCHOOL / EDUCATION:		
Date last at school:	Name of school:	
Year level completed:	Reason for leaving:	
Previously enrolled in SEU? Y / N Diagnosis:	Learning support? Y / N Details: _____ ESL: Y / N Details: _____	
BEHAVIOURAL HISTORY		
Past Behavioural Issues:	Has the young person ever shown aggression towards staff?:	
Any history with students or young people in the area?		
OTHER INVOLVED AGENCIES:		
<input type="checkbox"/> CYMHS	<input type="checkbox"/> Child Safety	<input type="checkbox"/> ADAWS
<input type="checkbox"/> Headspace	<input type="checkbox"/> DSQ	<input type="checkbox"/> Others: (Please list)
AFTER PARTICIPATING IN T2S, THE YOUNG PERSON IS INTERESTED IN:		
<input type="checkbox"/> Reengaging mainstream school	<input type="checkbox"/> Completing VET courses	<input type="checkbox"/> Employment
<input type="checkbox"/> Traineeship/Apprenticeship	<input type="checkbox"/> Other:	
PARENT'S/CARER'S DETAILS		
Name:	Relationship:	Phone:



Office Use only:

Date referral received:	Referral accepted: Y / N or Wait listed: Y / N or Declined: Y / N Reason: _____
Expected commencement date:	Enrolment appointment booking: _____

ENROLMENT TASKS

Enrolment Appointment attended by:	
Date Behaviour Contract understood and Signed by YP:	
Date Diagnostic Assessment Completed by YP:	
Date USI was completed:	

