**Funded Services Quarterly Management Report**

**Quarter \_\_:**

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**DATE TO DATE (ie 01/01/2022-31/03/2022)**

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| **Service Provider Details** |
| 1. Organisation Name: |
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| 2. Location/s: |
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| 3. Financial Year & Quarter: |
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| **Referral Data**  Please complete the following information regarding the referrals during the current Financial Year to Date |
| 4. YTD number of referrals received (including active referrals): |
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| 5. YTD number of referrals accepted (including active referrals): |
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| 6. Number of active YJ referrals: |
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7. Please comment on any significant variation:

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| **Aboriginal Participation & Outcome Plan** |
| 8. Please detail measurable deliverables your organization has achieved working in partnership with local Aboriginal organisations and community groups to assist young people to achieve their cultural goals. What activities, initiatives, recruitment etc. you've undertaken in this quarter. This can include examples of programs, evidence from referrals or case studies. |
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| **Equity Plan** |
| 9. Please detail activities, initiatives, recruitment etc. your organisation has undertaken during the 2nd quarter. This can include examples of programs, evidence from referrals or case studies. |
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| **Service Issues** |
| 10. Describe any service issues or barriers you have experienced during the 3rd quarter when coordinating services for young people, and support that you require to address these issues |
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| **Service Highlights** |
| 11. Describe any service highlights during the 3rd quarter. Case studies are encouraged |
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| **Young Person Feedback** |
| 12. Provide a summary/examples of feedback from young people in the 3rd quarter. |
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| |  |  |  |  | | --- | --- | --- | --- | | **Working with Children Check** | | | | | 13. Provide details of your employee’s WWCC details. Please add more rows if required. | | | | | Employee Name | WWCC Number | Verification Date | Expiry Date | |  |  |  |  | |  |  |  |  |   **Completed by (Funded Service Name & Position):**  **Date:** |
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| **Instructions** |
| Once completed, please forward this document to your YJNSW Contract Manager for discussion at your quarterly meeting. |

**YJNSW Contract Manager Review:**

**Comments:**

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**Notes from Quarterly Meeting with YJNSW Contract Manager & Provider**

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| Please record any Notes/Decisions/Actions from the quarterly meeting with the Contract Manager and service provider. |
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| **Name/signature Contract Manager:****Date:** |
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