**Youth on Track**

**Discretionary Referral Form – all other referrers**

This information is exchanged under section 16A of the *Children and Young Persons (Care and Protection) Act 1998* and section 245C of the *Children and Young Persons (Care and Protection) Act 1998*.

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| **Question** | **Response** |
| **Is the young person eligible for Youth on Track?**  (Young person has had at least one caution, conference or charge by police) | Yes  Unknown  Yes, confirmed by Youth on Track Screening Officer |
| **Name of young person**  (include any known alias) |  |
| **Gender & date of birth** | Male / Female D.O.B. \_\_\_ / \_\_\_\_ / \_\_\_\_ |
| **Aboriginality**  (please circle) | Aboriginal Non-Aboriginal |
| **Address** |  |
| **Carer’s name(s*) and relationship to young person*** |  |
| **Carer’s contact number** | (h)  (m) |
| **Risk factors that influence young person’s offending behaviour**  (what has happened to make referral?)  *Young person must have* ***at least three*** *of the risk factors to be eligible for referral* | |  |  |  | | --- | --- | --- | |  | Suspected | Known | | Aggressive behaviour |  |  | | Violent behaviours |  |  | | Antisocial peer association |  |  | | Criminal behaviour related to the school |  |  | | Concern in relation to parental supervision |  |  | | Substance abuse |  |  | | Possession of prohibited weapon or knife |  |  | | Family history of domestic violence |  |  | | Callous with little concern for others |  |  | | Continued disobedience |  |  | | Other (please specify) |  |  | |
| **Known safety risks in relation to young person and their home environment**  (e.g. young person may carry a weapon, excessive alcohol used by others in the house which can lead to violence) |  |
| **Other risk and needs associated with young person**  (e.g.child at risk reports, unstable accommodation, disability or learning difficulties) |  |
| **Existing case manager / service provider involved**  (if known) |  |
| **Contact person at school**  (if known) | Name:  Position:  School:  Ph:  Email: |
| **Current school situation**  (if known) | |  |  | | --- | --- | | Attendance issues (truancy) |  | | History of suspension (short or long) |  | | Attendance plan in place |  | | Behaviour Management Plan |  | | Learning support plan in place |  | | Risk assessments in place |  | | Assisted by Home School Liaison |  | | Assisted by Aboriginal School Liaison Officer |  | | Other (please specify) |  | |
| **Referral information gathered from:**  (optional field) | |  |  | | --- | --- | | Student Service Office |  | | Home School Liaison Officer |  | | District Guidance Officer |  | | Parent / family member |  | | Police |  | | Other (please specify) |  | |
| **Referred by:** | Name:  Position:  Organisation / School:  Contact number:  Email:  Signature: Date: |

Once completed send to: [youthontrack@justice.nsw.gov.au](mailto:youthontrack@justice.nsw.gov.au)

The YoT Screening Officer will inform the outcome of referral within 3 working days.