**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* |

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|  | 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)  |  |  |

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| **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) |

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| 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) |  |

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| **Referral information gathered from:**(optional field) |

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| Student Service Office  |  |
| Home School Liaison Officer |  |
| District Guidance Officer |  |
| Parent / family member |  |
| Police |  |
| Other (please specify) |  |

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| **Referred by:** | Name:Position:Organisation / School: Contact number:Email:Signature: Date: |

Once completed send to: youthontrack@justice.nsw.gov.au

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