**YOUTH ON TRACK REFERRAL FORM**

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| **Is the young person eligible for Youth on Track?**(Young person has had at least one caution, conference, or charge by police) | [ ]  Unknown[ ]  Yes, confirmed by Screening Officer |
| **PERSONAL DETAILS** |
| Name of young person: Click here to enter text.Any known alias: Click here to enter text. | Date of Birth: Click here to enter dateGender: [ ]  Male [ ]  Female [ ]  Something elseClick here to enter text. |
| CNI Number (if known): Click here to enter text. |
| Young person’s address: Click here to enter text. | Young person’s contact number: Click here to enter text. |
| Carer’s name/s and relationship to young person:Click here to enter text. | Carer’s contact number: Click here to enter text. |
| Does the young person identify as Aboriginal and/or Torres Strait Islander? | [ ]  Aboriginal [ ]  Torres Strait Islander[ ]  Aboriginal & Torres Strait Islander [ ]  No |
| Has this referral been discussed with the young person or their Parent/Carer?  | [ ]  Yes, both [ ] Only young person [ ]  Only parent/carer [ ]  No  |
| **RISK FACTORS**  |
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| Please use the free text boxes to elaborate on any issues or concerns relevant to the following subjects: |
| Mental Health issueseg anxiety/depression, psychosis, bi-polar | [ ]  Yes [ ]  No [ ]  Suspected | Click here to enter text. |
| Suicidal ideations/Self harm | [ ]  Yes [ ]  No [ ]  Suspected | Click here to enter text. |
| Drug/Alcohol issues | [ ]  Yes [ ]  No [ ]  Suspected | Click here to enter text. |
| Antisocial peer association | [ ]  Yes [ ]  No [ ]  Suspected | Click here to enter text. |
| Behavioural issueseg aggressive/violent behaviour, ODD, callous with little concern for others, continued disobedience | [ ]  Yes [ ]  No [ ]  Suspected | Click here to enter text. |
| Disability/Cognitive impairmenteg ADHD, ODD, autism | [ ]  Yes [ ]  No [ ]  Suspected | Click here to enter text. |
| Risk of abuse and neglectEg psychological, physical, sexual abuse, carer concerns (domestic violence, AOD, mental illness). Note include ROSH reports  | [ ]  Yes [ ]  No [ ]  Suspected | Click here to enter text. |
| EnvironmentalFamily with pro criminal behaviour, , family history of domestic violence | [ ]  Yes [ ]  No [ ]  Suspected | Click here to enter text. |
| Unstable housing situationunstable accommodation, risk of homelessness, unstable OOHC placements, independent living | [ ]  Yes [ ]  No [ ]  Suspected | Click here to enter text. |
| Other (please specify)eg possession of prohibited weapon or knife | [ ]  Yes [ ]  No [ ]  Suspected | Click here to enter text. |

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| **CURRENT SCHOOL SITUATION *(If known)*** |
| Attendance & engagement issueseg poor attendance/truancy, school suspensions, part exemptions | [ ]  Yes [ ]  No [ ]  Suspected | Click here to enter text. |
| Criminal behaviour related to the school | [ ]  Yes [ ]  No [ ]  Suspected | Click here to enter text. |
| Contact person at school  | Name: Click here to enter text.Position: Click here to enter text.School: Click here to enter text.Ph: Click here to enter text.Email: Click here to enter text. |

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| **OFFENDING HISTORY *(If known)*** |
| Most recent formal contact with Police: [ ]  Caution [ ]  Charge [ ]  ConferenceMost recent offence/s: Click here to enter text.Number of prior Cautions (before most recent offence): Click here to enter numberNumber of prior Charges (before most recent offence): Click here to enter numberNumber of prior Conferences (before most recent offence): Click here to enter numberAll prior offences: Click here to enter text. |
| **CAUTION, CONFERENCE OR COURT DATES** |
| Caution scheduled for enter date here at enter Police Station here Police StationFuture Court appearance on enter date here at enter Court location here [ ]  Children’s Court [ ]  Local CourtYouth Justice Conference scheduled for enter date here |

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| **REFERRER’S DETAILS** |
| Name: Click here to enter text. | Position: Click here to enter text. |
| Organisation: Click here to enter text. |
| Contact Number: Click here to enter text.  |
| Email: Click here to enter text. | Signature: Click here to enter text.Date: Click here to enter text. |

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

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