**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 date  Gender:  Male  Female  Something else  Click 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** | | | | |
| |  |  |  | | --- | --- | --- | | Please use the free text boxes to elaborate on any issues or concerns relevant to the following subjects: | | | | Mental Health issues  eg 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 issues  eg aggressive/violent behaviour, ODD, callous with little concern for others, continued disobedience | Yes  No  Suspected | Click here to enter text. | | Disability/Cognitive impairment  eg ADHD, ODD, autism | Yes  No  Suspected | Click here to enter text. | | Risk of abuse and neglect  Eg psychological, physical, sexual abuse, carer concerns (domestic violence, AOD, mental illness). Note include ROSH reports | Yes  No  Suspected | Click here to enter text. | | Environmental  Family with pro criminal behaviour, , family history of domestic violence | Yes  No  Suspected | Click here to enter text. | | Unstable housing situation  unstable 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. |  |  |  |  |  | | --- | --- | --- | --- | | **CURRENT SCHOOL SITUATION *(If known)*** | | | | | Attendance & engagement issues  eg 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. | | | | | | |
| **OFFENDING HISTORY *(If known)*** | | | | |
| Most recent formal contact with Police:  Caution  Charge  Conference  Most recent offence/s: Click here to enter text.  Number of prior Cautions (before most recent offence): Click here to enter number  Number of prior Charges (before most recent offence): Click here to enter number  Number of prior Conferences (before most recent offence): Click here to enter number  All prior offences: Click here to enter text. | | | | |
| **CAUTION, CONFERENCE OR COURT DATES** | | | | |
| Caution scheduled for enter date here at enter Police Station here Police Station  Future Court appearance on enter date here at enter Court location here  Children’s Court  Local Court  Youth 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](mailto:youthontrack@dcj.nsw.gov.au)

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