**MIDJUBURI YOUTH RESOURCE CENTRE  
Referral Form**

***MYRC: Empowering Youth in the Inner West and Surrounds to Realise Their Full Potential***

Midjuburi Youth Resource Centre is a service for young people aged 12 to 24, offering Programs, Individual Advocacy and Support, Casework and Counselling Services.

**Completed referral forms can be sent to info@myrc.org.au**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Referral: | | | | | | | | | | | | | | | | | | |  | | | | | | |
| DETAILS OF PERSON MAKING REFERRAL | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referrer’s Name & Agency *(if applicable):* | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Phone Number & Email: | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Relationship to Young Person: | | | | | | | | | | | | |  | | | | | | | | | | | | |
| The Young Person is aware of the referral: | | | | | | | | | | | | | | | | | | | Yes | | | | No | | |
| DETAILS OF YOUNG PERSON | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name of Young Person: | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Preferred Name: | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Date of Birth: | | | |  | | | | | | | | | | | | | | | **Age:** |  | | | | | |
| Gender: | | Male | | | | | | | | | | Female | | | | | | | Non-binary | | | Trans | | Other | |
| Pronouns *(optional):* | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Young Person’s Phone Number(s): | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Home Address: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| No fixed address  *(provide detail)* | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Is the Young Person Aboriginal / Torres Strait Islander? | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aboriginal | | | | | | | Torres Strait Islander | | | | | | | | | | | | | Both | | | | | Neither |
| Cultural Background: | | |  | | | | | | | | | | | | | | | | **Language Spoken at Home:** | | |  | | | |
| Family Details - *Information about Young Person’s family and living circumstances:* | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Is Young Person enrolled in education? | | | | | | | | | | | | | | | | | | | Yes | | No | | | Not Sure | |
| *Please provide detail about education:* | | | | | | | | |  | | | | | | | | | | | | | | | | |
| DETAILS OF EMERGENCY CONTACT | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to Young Person: | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Contact number(s): | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Home address *(if different to young person):* | | | | | | | | | | | | | | | | | |  | | | | | | | |
| HEALTH INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Conditions / Disabilities / Allergies: | | | | | | | | | |  | | | | | | | | | | | | | | | |
| REFERRAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral for: | | | | | Casework | | | | | | | | | | | | | | Counselling | | | Programs | | | |
| Reason for Referral: What are the current issues experienced by the Young Person? What are the desired goals and outcomes of the referral to MYRC? | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has there been DCJ involvement? | | | | | | | | | | | | | | | | | | | Yes | | No | | | Not Sure | |
| If “Yes” provide detail: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Supports / Services involved with Young Person *(if any)*: | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Has Young Person accessed MYRC before? | | | | | | | | | | | | | | | | | | | Yes | | No | | | Not Sure | |