**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 [ ]  |