



Youth support referral

What you need to do



Complete the form

Thank you for your time initiating contact on behalf of the young person. Please return completed forms to **youthsupport@portphillip.vic.gov.au**



Submit application

The Youth Support Worker will be in contact within five to seven days to confirm the support process and how they can work with you and the young person to best meet their needs.

Read before starting

Eligibility criteria for support

Referrals must meet the following criteria set out below.

- Young person aged between 12 to 25
- Live, work and /or study in the City of Port Phillip
- Require short or medium term generalised case management

How to apply

- ✉ youthsupport@portphillip.vic.gov.au
- ✉ Youth Support
City of Port Phillip
Private Bag 3
St Kilda VIC 3182

Further information

- ☎ ASSIST 03 9209 6777
- 🌐 portphillip.vic.gov.au
- ✉ youthsupport@portphillip.vic.gov.au

1 Declaration		
I give my permission for the referrer to release information relating to this referral to the City of Port Phillip Youth Support Services.	The young person is aware of and consents to this referral.	Verbal consent obtained by case worker (details supplied in this form).

Privacy policy

The personal/health information Council requested on this form is being collected by the Council for the Youth Services Program and/or Event requirements. The personal/health information will be used solely by the council for that primary purpose or directly related purposes. The applicant understands that the personal/health information provided is for City of Port Phillip Council Middle Years & Youth Services' unit and that he or she may apply to the council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Privacy Officer.

2 Details of referring worker

First name Last name

Agency Role

Best phone number to contact you on Email

3 Details of young person

First name Last name

Date of birth Age Gender identity
/ /

School attending School Year Level

Country of birth Preferred language

Is an interpreter required? If yes, please specify the language
Yes No

Do you have any additional support or access needs? If yes, please specify
Yes No

Indigenous identity
Aboriginal TSI Both Neither Unknown

Best phone number to contact you on Email

Address

Unit number Number Street name

Suburb / locality State Postcode

4 Young person's emergency contact

First name

Last name

Relationship

Best phone number to contact you on

5 Young person's parent / guardian or carer's information (if under 18)

Parent / guardian or carer 1

First and last name

Email

Address

Relationship to young person

Cultural identity

Is parent/primary caregiver aware of this referral?

Yes No

Is an interpreter required? If yes, specify the language

Yes

I give my permission for the referrer to release information relating to this referral to the City of Port Phillip

No

Parent / guardian or carer 2

First and last name

Email

Address

Relationship to young person

Cultural identity

Is parent/primary caregiver aware of this referral?

Yes No

Is an interpreter required? If yes, specify the language

Yes

No

6 Support details

Young person's strengths and interests

What's worked well? What are their passions?

Young person's areas of development

What would the young person like to work on?

Reasons for referral

How can we help?