



Middle Years Support Program

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 **mysupport@portphillip.vic.gov.au**



Submit application

The Middle Years Lead Worker will be in contact within five to seven days to confirm the support process.

Read before starting

The Middle Years Support Program is an early intervention program that works with 8 to 11 year olds to provide support in areas such as wellbeing, school advocacy, child development and referrals to other community services. We work holistically with the family to provide support to the young person.

Eligibility criteria

Referrals must meet the following criteria set out below.

- Middle years young people aged 8 to 11 years old and their family members.
- Live, work and/or study in the City of Port Phillip.
- Require short or medium term generalised support or case management.

How to apply

- ✉ mysupport@portphillip.vic.gov.au
- ✉ Middle Years Support Program
City of Port Phillip
Private Bag 3
St Kilda VIC 3182

Further information

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

1 Declaration

The primary caregiver has given permission for the referrer to release information relating to this referral to the City of Port Phillip Middle Years Support Team.

The young person is aware of and consents to this referral.

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's parent/guardian or carer's information

Parent, guardian or carer 1

First name	Last name
Address	
Best phone number to contact you on	Email
Relationship to young person	Cultural identity
Are there any care arrangements? If yes please provide relevant information	Is an interpreter required? If yes, specify the language
Yes	Yes
No	No

Parent, guardian or carer 2

First name	Last name
Address	
Best phone number to contact you on	Email
Relationship to young person	Cultural identity
Are there any care arrangements? If yes please provide relevant care information	Is an interpreter required? if yes, specify the language
Yes	Yes
No	No

4 Details of young person

First name Last name

Date of birth Age Country of birth Gender identity Cultural identity

Best phone number to contact you on Email

Preferred language School attending School year level

Medications/known allergies or disabilities

Address

Unit number Number Street name

Suburb / locality State Postcode

5 Details of any siblings (optional)

First name Last name

Date of birth Age Country of birth Gender identity Cultural identity

Best phone number to contact you on Email

Preferred language School attending School year level

Medications/known allergies or disabilities

Address (if same as young person's go to Question 6)

Unit number Number Street name

Suburb / locality State Postcode

6 Details of workers or organisations already involved with young person**Worker/organisation 1**

First name

Last name

Organisation

Best phone number to contact you on

Worker/organisation 2

First name

Last name

Organisation

Best phone number to contact you on

7 Young person's additional contact

First name

Last name

Relationship to young person

Best phone number to contact you on

8 Support details**Young person's strengths and interests**

What's worked well? What are their passions?

9 Support details

Young person's areas of development and/or needs

What would the young person like to work on?

Reasons for referral

How can we help?