

Accoras WayUP Referral and Screening Form

We are a free service funded by the Department of Social Services to provide youth work support via an outreach model of care to young people aged 12 to 18 years. To be eligible, a client must:

- Be a young person aged between 12 to 18 years (inclusive), and be willing to participate in and engage with the Accoras WayUP program;
- Have a parent, caregiver or significant adult who can be proactive, and work with and support their young person's engagement with WayUP to help them achieve optimum long-term outcomes; and
- Live within the Logan-Beaudesert catchment area (the Logan-Beaudesert SA4).

Please confirm:

- The young person is aware of this referral and is **willing, motivated** and **able** to engage with Accoras WayUP to overcome challenges and work towards individual goals, and, where the young person is aged 15 or younger, their parent/carer consents to this referral being made.

| Referral Details | | | |
|--|--|----------------|--|
| Date of referral | | Contact number | |
| Referrer details (incl. relationship to client) | | | |
| Email address | | | |

| Young Person's Details: | | | |
|--|--|-----------------------------|---|
| Full name | | Preferred name | |
| Primary address | | | |
| Date of birth | | Gender | |
| Contact number/s (if appropriate) | | | |
| School attending | | | |
| Country of birth | | | |
| Cultural background | | | |
| Main language spoken | | Is an interpreter required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the young person identify as a member of one of the following groups? | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither | | |
| Are you aware of any orders in place? (Child Safety, custody, DVO) | <input type="checkbox"/> No <input type="checkbox"/> Yes – details: | | |

| Parent/Carer Details: | |
|--|---|
| Full name/s | |
| Relationship/s to young person | |
| Do the parents or carers require an interpreter? | <input type="checkbox"/> No <input type="checkbox"/> Yes - language: |
| Mobile number | |
| Email address | |
| Primary address | |

| Referral Information | |
|---|--|
| Does the young person have a current mental health diagnosis? | <input type="checkbox"/> No <input type="checkbox"/> Yes Details: |
| Is the young person currently receiving mental health intervention, or have they recently completed mental health intervention? | <input type="checkbox"/> No <input type="checkbox"/> Yes Details, including provider, timeframe, intervention focus, goals achieved, goals outstanding): |
| Does the young person have a diagnosed disability? | <input type="checkbox"/> No <input type="checkbox"/> Yes Details: |
| Does the young person have a current NDIS plan approved? | <input type="checkbox"/> No <input type="checkbox"/> Yes Details: |
| Is the young person currently employed? | <input type="checkbox"/> No, and they are not currently looking for work <input type="checkbox"/> No, but they are currently looking for work <input type="checkbox"/> Yes Details: |

What are the strengths of young person and their family (what's working well)?:

What is the focus of the youth work, and the goals you would like to see worked towards?:

- Age-appropriate development (to be on track with development of peers)
- Increasing community participation and access to networks
- Finding and maintain employment, including preparing and looking for work
- Improving mental health and overall wellbeing
- Improving school attendance and engagement
- Enhancing access to training or education
- Supporting transition from school to work or further training
- Developing self-care skills
- Improving daily living skills and functioning
- Improving experiences of personal and family safety
- Enhancing physical health
- Addressing self-harming behaviours and/or suicidal ideation

More details and information:

Contact Details and Referrals:

Email: wayup@accoras.org.au

Phone: (07) 3727 5022

We will acknowledge your referral within two working days.