

FLO CONNECT

REFERRAL FOR ENROLMENT (AGENCY)

Date of Referral: / /

Young Person's details:

Surname		Date of birth/...../.....
First name		Gender	Age
Home address			
Phone numbers			
Email			

Primary Carer details:

Surname		Relationship to student	
First name		Phone number	
Surname		Relationship to student	
First name		Phone number	
Young person lives with the primary carer	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Occasionally <input type="checkbox"/> Never		

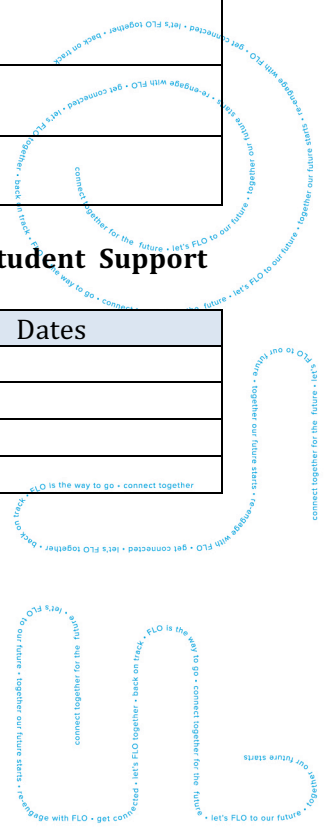
Agency Referral details:

Name of Referring person	
Agency	
Phone numbers	
Email	
Nature of involvement with young person	
How long have you been supporting young person?	
Interventions tried so far	
Briefly state reason for referral to FLO Connect	

Other agencies involved currently or in the past eg. DHS, CYMHS, DoJ, MASP, Student Support Services (Education Department)

Name of Worker	Agency	Phone number	Dates

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Recent Educational History:

Is the young person currently attending school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When did young person last attend school full-time?	Month: Year:	Year level:
Which school was/is Young Person attending?		
Which school was Young Person attending prior to this?		
Reasons for leaving school (tick relevant boxes)		
<input type="checkbox"/> Poor literacy/numeracy skills <input type="checkbox"/> Low school achievement <input type="checkbox"/> Behavioural issues <input type="checkbox"/> Bullying	<input type="checkbox"/> High incidence of truancy <input type="checkbox"/> History of suspension <input type="checkbox"/> History of expulsion <input type="checkbox"/> Other	
Brief description of key reasons for leaving school		
Key school contact person		Phone:

How has the young person spent their time since leaving school?

<input type="checkbox"/> Training programs/short courses <input type="checkbox"/> Looking for work <input type="checkbox"/> Working	<input type="checkbox"/> Staying at home <input type="checkbox"/> With friends <input type="checkbox"/> Other
Further comments:	

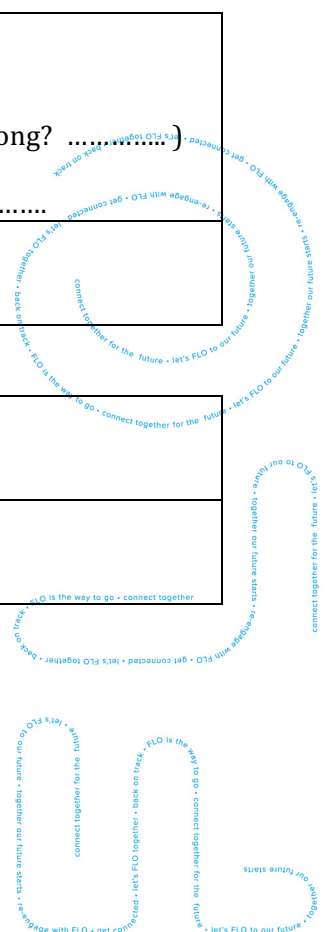
Contributing personal/social/cultural/community factors:

<input type="checkbox"/> Self-esteem issues <input type="checkbox"/> Poor social skills <input type="checkbox"/> Mental health issues <input type="checkbox"/> Substance misuse issues <input type="checkbox"/> Family difficulties <input type="checkbox"/> Homelessness or as risk/out of home care	<input type="checkbox"/> Disability <input type="checkbox"/> Medical condition <input type="checkbox"/> Carer responsibilities <input type="checkbox"/> Long term unemployment (how long?) <input type="checkbox"/> Significant financial issues <input type="checkbox"/> Other
Has the young person undertaken any psychological/educational testing in the school setting or externally? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide details:

Future Plans:

Why do you want to enroll this young person at FLO Connect ?
What are the aspirations of this young person for the next two years?

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CONSENT

Please note:

The young person must consent to this referral. Please ensure that the young person's signature appears on this page as evidence of consent.

Young person and Parent/Guardian approval:

I consent to this referral being made to FLO Connect.

I understand that the information provided on the referral form may only be used for enrolment purposes by FLO Connect and Red Cliffs Secondary College staff unless otherwise authorised.

Young Person:

Name: _____ Signature: _____ Date: _____

Parent/Guardian:

Name: _____ Signature: _____ Date: _____

Information for Referring Agency

Please attach evidence of strategies and interventions previously used to support this young person.

Case Plan Engagement Plan Care Plan Other

Please return this completed form with any other additional information supporting this referral to:

Ms. Bernadette Warburton
The Co-ordinator
FLO Connect
78 Pine Avenue
MILDURA. VIC. 3500

Telephone: 5018 8612
Email: warburton.bernadette.m@edumail.vic.gov.au

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