

Youth Outreach and Re-Engagement Referral Form

Young Person's Name:				
Date of birth:	//			
Gender	🗌 Male	E Female	Other	
Primary Address: (If multiple, add below)				
Other Address:			2	
Other Address:				
Community:		Language Group:		
Referrer Details:	Name: Agency: Relationship to Young Person: Contact no. /e-mail:			
Reason for Referral:	 Young Person at risk of entering Youth Justice System; or Young Person offending; or Young Person involved with Youth Justice System 			
If known, Current Legal Status: (Select all that apply)				
 Police Diversion Approved Program Good Behaviour Bond Alternative Detention Order Parole Order Family Responsibility Agreement 		 Pre-sentencing Co No Further Troub Suspended Senter Community Work Periodic Detentio Family Responsibility 	le Order nce Order Order n	
If known, Pending Child Protection Matters:				
 Temporary Placement Arrangement (TPA) Temporary Protection Order (TPO) Long Term Protection Order (LTPO) Under Child Protection Investigation 			tion (PP – Section 51) tion Order (STOP) Order (PCO)	
Fourteen years of age or less at first contact of YJ system (includes police caution, warnings and diversion) Yes No				

If known, Pending Youth Ju	stice Matters: (S	(Select all that apply)		
New Charges	Pre-Sentence Report			
Bail Assessment		Supervision Assessment		
Breach of Order		Review of Order		
		🗌 Yes 🗌 No		
Is the young person regularly attending school?		Unknown		
		Which School (or last known school)?		
Is the young person suspended from school?		□ Yes □ No		
Is the Young Person a victim, offender, or participant of Domestic and Family Violence?				
🗌 Yes	No Unknown			
Parents	Mother:			
	Contact Details:			
	Father:			
	Contact Details:			
Is there any reason/s that Mother/Father/Other Family member is not to be contacted? i.e. sexual/physical abuse; domestic violence; court matters; cultural reasons.				
☐ Yes	□ No	_		
Which family member?				
Parental Responsibility	Foster Ca	Care		
	Parents			
Workers/Agencies currently involved with Child	Name:			
	Agency:			
	Name:			
	Relationship to Young Person:			
	Lead Agency:			
Other primary family members	Name:			
	Relationship to Young Person:			
	Name:			
	Relationship to Young Person:			

Carers: (if child is in care and safe to provide)				
Has the young person agreed to this referral?	☐ Yes ☐ No Agreement Date:			
Have the parents agreed to this referral?	☐ Yes ☐ No Agreement Date:			
Brief background information about young person(if known) e.g. Family Background, TF involvement, medical, (significant current or past medical concerns for young person or significant family members that impact on young person) behavioural, (what behaviours are particularly difficult to manage what positive aspects can be built on) educational (if young person disengaged from school, for how long)				
Reasons for referral (Describe the young person's behaviours (and parents' if relevant) and the environmental dynamics that prompted the referral)				
How will referral to Youth Outreach benefit provide)	the young person: (Include what you are asking the Youth Outreach to			

Signature of Referrer:

Date:

Please email completed Referral Form to ONE of the following Youth Outreach and Reengagement Offices:

Darwin/Palmerston TF.YouthOutreachDarwin@nt.gov.au

Nhulunbuy TF.YouthOutreachNhulunbuy@nt.gov.au

Katherine <u>TF.YouthOutreachKatherine@nt.gov.au</u>

Tennant Creek TF.YouthOutreachTennantCreek@nt.gov.au

Alice Springs <u>TF.YouthOutreachAliceSprings@nt.gov.au</u>