



YOUTH JUSTICE REFERRAL FORM

Please complete all sections of this form, to the best of your ability, and return to Turning Corners Intake via either;

POST Bravehearts Foundation PO Box 549
Spring Hill Qld 4004

EMAIL scan all pages and email to
bisl@bravehearts.org.au

NAME OF YOUNG PERSON BEING REFERRED: _____

SECTION 1 REFERRAL DETAILS

1.1 DETAILS OF REFERRER

Referring agency (if applicable): _____

Address: _____

Contact number: _____

Email: _____

1.2 SERVICE REQUESTED BY

Full name of referrer: _____

Position title: _____

Relationship to young person: _____

1.3 FUNDING APPROVAL

Funding has been approved by: _____

Name: _____

Position title: _____

Address for invoice (if different to above): _____

1.4 DETAILS OF PROFESSIONALS INVOLVED

NOTE: please prepare separate attachment titled *Section 1.4 Referral Form* if more space is required

Professionals CURRENTLY involved		
Name of professional	Role/focus of involvement	Contact number

Professionals PREVIOUSLY involved (if known)		
Name of professional	Role/focus of involvement	Contact number

SECTION 2 CLIENT DETAILS

2.1 DETAILS OF YOUNG PERSON BEING REFERRED

First name: _____

Middle name: _____

Surname: _____

Preferred name/s: _____

D.O.B: ____/____/____

Gender identity: _____

Cultural identity: _____

Current address: _____

2.2 FAMILY DETAILS

Parent/Carer 1: _____ D.O.B ____/____/____

Contact Number: _____

Parent/Carer 2: _____ D.O.B ____/____/____

Contact Number: _____

Has the parent/guardian consented to this referral and are comfortable for Turning Corners to contact them directly? Yes No

Are there any parenting orders in place? Yes No

Siblings (list eldest to youngest):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

People in household (if different from above): _____

2.3 CURRENT LIVING ARRANGEMENTS

- Parent/carers home With relatives Residential school
 Foster Care Independent living Other:

SECTION 3 DETAILS OF THE ALLEGED/ACTUAL OFFENCE

3.1 DETAILS OF OFFENCE/S REFERRED

PLEASE NOTE: If available, please attach a copy of the Referral Forms from police or court – the following questions are for quick statistical reference.

Date of offence/s referred: _____

Relevant Information

Please provide any information relevant to this section:

NOTE: If more space is required, please prepare on separate attachment, marked *Section 3.1*

SECTION 4 DETAILS OF THE PERSON/S HARMED

4.1 DETAILS OF THE PERSON/S HARMED

Age: _____ Gender identity: _____

Relationship to Young Person referred: _____

Age: _____ Gender identity: _____

Relationship to Young Person referred: _____

SECTION 5 EDUCATION

5.1 EDUCATION

Is the young person currently engaged in education?

No Unsure

Yes Full-time Part-time

Name of school/college: _____

NOTE: Please attach any relevant education reports, marked *Section 2.4*

Has the young person been identified as having specific learning needs?

No Unsure

Yes Please provide brief details:

Has the young person been suspended or excluded from school?

No Unsure

Yes Please provide brief details:

SECTION 6 SUBSTANCE USE

6.1 SUBSTANCE USE

Does the young person have a history of drug and alcohol use?

No

Unsure

Suspected

Please provide a brief overview:

Yes

Please provide a brief history of use and treatment (if any):

NOTE: If more space is required, please prepare on separate attachment titled *Section 2.5 History of drug and alcohol use and treatment*

SECTION 7 MENTAL HEALTH CONCERNS

7.1 MENTAL HEALTH CONCERNS

Has the young person been diagnosed with a mental health issue?

No

Unsure

Suspected

Please provide a brief overview:

Yes

Please provide details of diagnosis and therapeutic assistance:

NOTE: If more space is required, please prepare on separate attachment titled *Section 2.6 Mental health details*

FORM COMPLETED BY:

NAME: _____

POSITION: _____

SIGNATURE: _____ DATE: ____/____/____