



# DARUMBAL COMMUNITY YOUTH SERVICE INC

2/155 Alma St | PO Box 266  
 Rockhampton Qld 4700  
 Ph: (07) 4922 6180 | Fax: (07) 4922 8147  
 Email: [referral@darumbal.org.au](mailto:referral@darumbal.org.au)

## REFERRAL FORM

REFERRER DETAILS				
Referrer Name:	Insert Name.			
Organisation:	Insert Organisation Name			
Contact Number:	Work: Insert work number	Mobile: Insert mobile number		
Email:	Insert email address			
Reason for Referral:	Explain reason for referral			
	Explain reason for referral			
	Explain reason for referral			
	Explain reason for referral			
Has the client consented to this referral?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, has consent from parent/guardian been provided? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the client authorise and consent for DCYSI to collect and obtain the above personal information to share with relevant agencies and services to assist in addressing the above identified needs and support? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, has consent from parent/guardian been provided? <input type="checkbox"/> No <input type="checkbox"/> Yes				
CLIENT DETAILS				
Name:	Insert Name			
Date of Birth:	Select date of birth	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	
Address:	Insert address			
Phone:	Mobile: Insert number	Home:	Insert number	
Do you have a disability or medical condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please state: _____			
Do you identify as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Australian South Sea Islander <input type="checkbox"/> Other:			
	Client Name: Insert client name			
	Signature:		Date: Select date.	
	If under 18 years of age, Parent/Guardian/Next of Kin consent required (where possible):			
	Parent/Guardian/Next of Kin Name: Insert parent/guardian name			
	Signature:		Date: Select date.	
	Referrer Signature:		Date: Select date.	

Please forward referrals to:

- DCYSI Office: 2/155 Alma St, Rockhampton 4700
- Email: [referral@darumbal.org.au](mailto:referral@darumbal.org.au)
- Fax: (07) 4922 8147

SCHOOL/TRAINING INFORMATION	
Is the young person currently attending school or training? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes please list where: _____	
Is the young person: <input type="checkbox"/> Attending <input type="checkbox"/> Disengaged <input type="checkbox"/> Truant <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled/Excluded <input type="checkbox"/> Not enrolled	
ORDERS	
Is the young person under any legal orders? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, please select from the below:	
	<input type="checkbox"/> Child Protection <input type="checkbox"/> Family Law
	<input type="checkbox"/> Youth Justice <input type="checkbox"/> Probation and Parole
PLEASE SELECT ONE OR MORE TYPES OF SUPPORT REQUIRED FOR THE YOUNG PERSON:	
CASE MANAGEMENT SERVICES	
HOMELESSNESS	<input type="checkbox"/> <b>Reconnect: <i>Indigenous</i></b> 12-18 years; At risk of homelessness, disengaged from school
YOUTH JUSTICE	<input type="checkbox"/> <b>Walali Bili: <i>Indigenous</i></b> 10 – 17 years; Under Youth Justice Orders, disengaged from school
	<input type="checkbox"/> <b>Bail Support: <i>All</i></b> 10-17 years; Under Youth Justice Orders
GENERALIST SUPPORT	<input type="checkbox"/> <b>Regional Youth Support Service (Access): <i>All</i></b> 8-21 years;
	<input type="checkbox"/> <b>Regional Youth Support Service (Case Management): <i>All</i></b> 8-21 years
SPECIALIST SERVICES	
<input type="checkbox"/> <b>Darderrhi: <i>Indigenous</i></b> 12-17 years; Alcohol, drugs and substance misuse	
<input type="checkbox"/> <b>Parent and Child Education (PaCE): <i>Indigenous</i></b> 5-17 years ; Education, alternative learning spaces	
<input type="checkbox"/> <b>Yimba Bira &amp; Tackle 6: <i>All</i></b> Kindy – Year 7; Traditional Indigenous games, Resilience Program	
<input type="checkbox"/> <b>Budaroo House: <i>All</i></b> 16-21 years; Homeless	
BEHAVIOUR BASED PROGRAMS	
<input type="checkbox"/> <b>Love Bites: <i>All</i></b> 15-17 years; Respectful relationships program	
<input type="checkbox"/> <b>Junior Love Bites: <i>All</i></b> 11-14 years; Respectful relationships program	
<input type="checkbox"/> <b>Renegotiating Angry and Guilty Emotions (RAGE): <i>All</i></b> 8-21 years; Adolescent violence prevention program	
<input type="checkbox"/> <b>Maru Gadyu: <i>All young women</i></b> 12-18 years; Resilience and wellbeing program	
<input type="checkbox"/> <b>Deadly Thinking: <i>Indigenous</i></b> 12-17 years; Social, emotional and wellbeing program	

(OFFICE USE ONLY)	
Entered in YSIC/SRS:	<input type="checkbox"/> No <input type="checkbox"/> Yes – Date: _____ Staff Name/Signed: _____
Initial contact made:	Date: _____ Staff Name/Signed: _____
Initial appointment booked:	Date: _____ Staff Name/Signed: _____
Client referred to:	<input type="checkbox"/> RYSS (Access) <input type="checkbox"/> RYSS (CM) <input type="checkbox"/> Reconnect <input type="checkbox"/> Walali Bili <input type="checkbox"/> Bail Support <input type="checkbox"/> Darderrhi <input type="checkbox"/> Budaroo <input type="checkbox"/> Yimba Bira & Tackle 6 <input type="checkbox"/> PaCE
Intake complete:	<input type="checkbox"/> No <input type="checkbox"/> Yes – Date: _____ Staff Name/Signed: _____