

If known, Pending Youth Justice Matters: (Select all that apply)	
<input type="checkbox"/> New Charges <input type="checkbox"/> Bail Assessment <input type="checkbox"/> Breach of Order	<input type="checkbox"/> Pre-Sentence Report <input type="checkbox"/> Supervision Assessment <input type="checkbox"/> Review of Order
Is the young person regularly attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Which School (or last known school)? _____
Is the young person suspended from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Young Person a victim, offender, or participant of Domestic and Family Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Which family member? _____	
Parental Responsibility	<input type="checkbox"/> Foster Care <input type="checkbox"/> Kinship Care <input type="checkbox"/> Parents <input type="checkbox"/> Family
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: <i>(if child is in care and safe to provide)</i>	
Has the young person agreed to this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No Agreement Date:
Have the parents agreed to this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No Agreement Date:
Brief background information about young person(if known) <i>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)</i>	
Reasons for referral <i>(Describe the young person's behaviours (and parents' if relevant) and the environmental dynamics that prompted the referral)</i>	
How will referral to Youth Outreach benefit the young person: <i>(Include what you are asking the Youth Outreach to provide)</i>	

Signature of Referrer: _____

Date: _____

Please email completed Referral Form to ONE of the following Youth Outreach and Re-engagement Offices:

Darwin/Palmerston

TF.YouthOutreachDarwin@nt.gov.au

Nhulunbuy

TF.YouthOutreachNhulunbuy@nt.gov.au

Katherine

TF.YouthOutreachKatherine@nt.gov.au

Tennant Creek

TF.YouthOutreachTennantCreek@nt.gov.au

Alice Springs

TF.YouthOutreachAliceSprings@nt.gov.au

INTERIM REFERRAL FORM