

# Point to Point Co-ordination Program



Referral date \_\_\_\_\_

Referrers name and/or organisation \_\_\_\_\_

Is this a self-referral? Yes No

Has the participant given consent? Yes No

Is the participant of Aboriginal or Torres Strait Islander Descent?

Aboriginal      Aboriginal and Torres Strait Islander      Neither

## Participant details

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

## Next of Kin

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

## Reasons for referral/engagement

Pending legal action

Disengaged at school

Need family support

At risk of entering the justice system

Family and domestic violence

Homelessness

Other

### Reasons for referral/engagement

Are there any immediate safety concerns?      Yes      No

If yes, what are they?

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Is there any pending legal action?      Yes      No

If yes, what are they?

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Participant's Signature: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_