



# WESTERN SPRINGBOARD REFERRAL FORM

Intensive Education and Employment Support for Young People Leaving Care.  
Springboard is an initiative of the Department of Human Services.

Date: \_\_\_\_\_

Please attach "looking after Children – 15+ Care & Transition Care Plan"

## PERSONAL DETAILS

Given name/s: \_\_\_\_\_

Surname: \_\_\_\_\_

Gender:  Male  Female  Other

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Contact No: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Cultural Identity: \_\_\_\_\_

Address (If Known): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_

If address unknown, which suburb does the young person live?

\_\_\_\_\_

## ELIGIBILITY & VERIFICATION

Is the young person 16 – 21? :  YES  NO

Is the young person currently in residential care/lead tenant care and also on a custody/guardianship order/ Family Reunification Order/?  YES  NO

If yes, please verify the following:

Name of DHS worker: \_\_\_\_\_ Office: \_\_\_\_\_

Name of case worker: \_\_\_\_\_

Organisation: \_\_\_\_\_

Status of current order: \_\_\_\_\_

Expiry Date of Order: \_\_\_\_\_

If no, has the young person had a period in residential care/lead tenant care who has been on a custody/guardianship order 16-18 years of age?  YES  NO

If yes, please provide the dates of residential/ lead tenant stay:

\_\_\_\_\_

Does the young person live, work or study in any of the following LGA'S? (Please Tick)

- Wyndham  Hobsons Bay  Maribyrnong  Moonee Valley  
 Brimbank  Melton  Melbourne  Other:\_\_\_\_\_

Springboard will confirm eligibility with the DHS. Does the young person give consent to complete the required documentation?  YES  NO

#### DETAILS OF PERSON MAKING REFERRAL

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Relationship to young person:\_\_\_\_\_

Phone No:\_\_\_\_\_

Email Address: \_\_\_\_\_

Does the young person give Springboard consent to contact you if we require further information about this referral?  YES  NO

Have you been working through a Housing Readiness for Young People (HRYP) tool with the young person? YES NO

#### LEAVING CARE INFORMATION

Is the young person currently in care?  YES  NO

If yes, what is their placement arrangements?

- Kinship Care  Foster Care  Residential Care  Lead Tenant  
 Other:\_\_\_\_\_

Does the young person have a current leaving care plan?  YES  NO

If yes, please attach a copy.

When will the young person be exiting care?

- 1 month  3 months  6 months  12 months  
 Other:\_\_\_\_\_

If the young person is no longer in care what is their current housing arrangements?

- Youth Refuge       Adult Refuge       Transitional Housing       Office of Housing  
 Lead Tenant       Private Rental       Shared Housing       Rooming House  
 Student Accom       Friends/ Family       Couch Surfing       Other: \_\_\_\_\_

Does the young person currently have any of the following supports in place?

- Drug & Alcohol       Mental Health       Education/Training       Housing       Medical  
 Legal       Family       Other: \_\_\_\_\_

**EDUCATIONAL HISTORY**

What is the young person's highest level of school completion?

- Year 7 or below     Year 8     Year 9     Year 10     Year 11     Year 12     Other: \_\_\_\_\_

Is the young person currently engaged in any education or training?     YES     NO

If yes, Please provide details:

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If no, how long has it been since the young person has been engaged in education or training?

- 1-2 months       3-6 months       6-12 months       12 months or more

Has the young person expressed an interest in re-engaging in education/employment?

- YES     NO

If yes, Please provide details:

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Is the young person interested in any of the following pathways?

- Short Course       Secondary School       Tafe       Apprenticeship  
 University  
 Casual Employment    Full time employment       Other: \_\_\_\_\_

Is the young person currently receiving support to re-engage in education or training?

- YES    NO

If yes, which services is the young person obtaining support from (eg. Housing Worker, Mental Health Worker, program etc)?

Please list barriers that are currently preventing the young person to engage in education/training?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Please email or fax the completed referral to:**  
Email: [springboard@wciq.org.au](mailto:springboard@wciq.org.au)  
Fax No: 9923 6955

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Referral Allocated: \_\_\_\_\_

Has the referral been accepted? :  YES  NO

Agency accepting referral:  WCIG    IMVC    Djerriwarrh

If no, please specify the reason why? : \_\_\_\_\_

\_\_\_\_\_

VICTORIAN LEAVING CARE SERVICES  
WESTERN SPRINGBOARD EDUCATION SUPPORT PROGRAM  
**CONSENT & ELIGIBILITY QUERY**

**This form is only to be completed if the young person is no longer in care.**

Young Person's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Contact phone number: Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

I \_\_\_\_\_ give permission to:

- (Victorian Leaving Care Service)
- (Case Manager )

To obtain and share information that will:

- support my referral to the Victorian Leaving Care Service
- Provide me with assistance in my transition to independence through education, employment & training opportunities.

This information will be shared with those agencies that are providing me with the supports I need to maintain my safety and independence.

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_