



# Youth Referral Form

## Youth & Crime Prevention Command



### Referrer details:

Full Name		Referral Date	
Agency		Agency Ref. No.	
Agency Address		Mobile	
Email		Phone	
Will there be ongoing contact with the young person		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Able to support referral / initial engagement		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Report required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Requirements	

### Referral:

Full Name		Preferred Name	
Address		Phone	
Date of Birth		CNI (If known)	
School (Last Known)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Referral discussed with	Young person	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent / Carer
			<input type="checkbox"/> Yes <input type="checkbox"/> No

### Parent / Carer:

Full Name		Phone	
Address		Relationship	
Is contact with family members appropriate		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Member		Phone	

Reason for Referral	
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### Office Use Only:

<b>Checked By:</b>			
Name		Date	
Supervisor		Date	
<b>Actions:</b>			
<input type="checkbox"/> Accepted	PENN Ref	YCM	Supervisor
<input type="checkbox"/> Declined	<input type="checkbox"/> Notification letter sent	Date	<input type="checkbox"/> Copy attached
<input type="checkbox"/> Entered on Spreadsheet	Comments		

PLEASE EMAIL REFERRAL TO: [\\*YOUTHREF@police.nsw.gov.au\\*](mailto:*YOUTHREF@police.nsw.gov.au*)

All referrals will be checked and every effort will be made to engage the young person in Youth & Crime Prevention Command programs or case management as appropriate. Referral agencies will be notified of the outcome of referral by return of a Referral Notification Letter to the person making the referral.