



REFERRAL

FORM

YOUR TRANSITION TO ADULTHOOD

CONQUER FROM WITHIN

YOUTH EMPOWERMENT TRAINING: CLIENT REFERRAL FORM

Important Note: *If completing this form, please ensure you press Enter twice when filling out multi-line text fields. This will help keep your responses aligned clearly within each section of the form and improve readability when viewed or printed.*

Referral Details:

Date of Referral:

Referral Completed By:

Organisation / Agency:

Position Title:

Contact Number:

Email Address:

Relationship to Young Person:

CONQUER FROM WITHIN

YOUTH EMPOWERMENT TRAINING: YOUNG PERSON DETAILS

Personal Information:

Full Name:

Preferred Name:

Date of Birth:

Age:

Gender:

Pronouns:

Cultural Background:

Aboriginal and/or Torres Strait Islander:

☐ Yes ☐ No

Primary Language Spoken:

Current Address:

Phone Number:

Email:

Medicare Number (if applicable):

CONQUER FROM WITHIN

YOUTH EMPOWERMENT TRAINING: CHILD SAFETY DETAILS

Current Child Safety Information:

Child Safety Office:

Child Safety Officer Name:

Child Safety Officer Contact Number:

Child Safety Officer Email:

Team Leader / Senior Practitioner:

Team Leader Contact Details:

Team Leader Contact Number:

Current Child Safety Order / Status:

- ☐ Temporary Assessment Order
- ☐ Child Protection Order
- ☐ Custody to Chief Executive
- ☐ Guardianship to Chief Executive
- ☐ Transitioning from Care
- ☐ Voluntary Agreement
- ☐ Other: _____

Placement Start Date:

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YOUTH EMPOWERMENT TRAINING: LEGAL / ADVOCACY INFORMATION

Are there any current forensic orders or legal matters?

☐ Yes ☐ No

If yes, please provide details:

Any court matters, bail conditions, or probation requirements?

☐ Yes ☐ No

Details:

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YOUTH EMPOWERMENT TRAINING: HEALTH AND WELLBEING

Medical Information:

Does the young person have any diagnosed disabilities?

☐ Yes ☐ No

If yes, please provide details:

NDIS Participant:

☐ Yes ☐ No

If yes, NDIS Number / Support Coordinator:

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Mental Health:

Are there any diagnosed mental health concerns?

☐ Yes ☐ No

If yes, please provide details:

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Current Mental Health Supports / Providers:

Current Medications:

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YOUTH EMPOWERMENT TRAINING: HEALTH AND WELLBEING

Behavioural Information:

Are there any behavioural concerns or risks?

☐ Yes ☐ No

Details:

Any history of absconding, aggression, self-harm, or substance use?

☐ Yes ☐ No

Details:

Allergies and Medical Alerts:

Does the young person have any allergies, dietary requirements or medical alerts?

☐ Yes ☐ No

Details:

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YOUTH EMPOWERMENT TRAINING: EDUCATION, TRAINING & EMPLOYMENT

Current Schooling / Employment:

Current School / Training Provider / Employer:

Year Level / Course / Position:

Attendance / Participation:

☐ Regular ☐ Irregular ☐ Not Attending

Educational Supports Required:

Employment Goals / Career Interests:

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YOUTH EMPOWERMENT TRAINING: LIVING ARRANGEMENTS

Current Accommodation:

Current Living Arrangement:

☐ Foster Care

☐ Independent Living

☐ Kinship Care

☐ Supported Accommodation

☐ Residential Care

☐ Emergency Accommodation

☐ Other: _____

Current Address / Placement Details:

Living Requirements / Support Needs:

☐ Independent Living Skills

☐ Emotional Regulation Support

☐ Budgeting Support

☐ Personal Care Support

☐ Meal Preparation

☐ Appointment Support

☐ Transport Assistance

☐ Community Access

☐ Other: _____

Additional Details:

Is the young person currently on a Government Housing List?

☐ Yes ☐ No

If yes, please provide details:

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YOUTH EMPOWERMENT TRAINING: FINANCIAL & COMMUNITY SUPPORTS

Financial Assistance:

Does the young person receive Centrelink support?

☐ Yes ☐ No

If yes, type of support:

☐ Youth Allowance

☐ Disability Support Pension

☐ JobSeeker

☐ ABSTUDY

☐ Other: _____

External Supports

Does the young person receive support outside of Child Safety?

☐ Yes ☐ No

If yes, please outline supports/services involved:

List any Key Community Contacts / Support Services:

[illegible]

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YOUTH EMPOWERMENT TRAINING: CURRENT GOALS

Goals for Transition to Adulthood

Please outline the young person's current goals and priorities:

- | | |
|--|---|
| ☐ Independent Living Skills | ☐ Stable Accommodation |
| ☐ Employment Pathways | ☐ Community Engagement |
| ☐ Education / Training | ☐ Cultural Connection |
| ☐ Mental Health Support | ☐ Financial Independence |
| ☐ Social Skills / Relationships | ☐ Health & Wellbeing |
| ☐ Other: _____ | |

Additional Goal Details:

CONQUER FROM WITHIN

PRIVACY CONSENT INFORMATION

By signing this form I understand and give consent to Conquer From Within Pty Ltd to

- Collect, use and store personal and sensitive information about me that is relevant and necessary for my service.
- Disclose my information described below to the nominated service providers and individuals for the purposes listed.

Media Consent

I, hereby grant and authorise Conquer From Within Pty Ltd the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures, videos, and/or audio taken of me to be used in and/or for any lawful promotional materials including, but not limited to newsletters, flyers, posters, brochures, advertisements, press kits, websites, social networking sites and other print or digital communications without payment or any other consideration.

This authorisation extends to all languages, media, formats, and markets now known or later discovered.

I waive the right to inspect or approve the finished product wherein my likeness appears, including written or electronic copy. Upon request, Conquer From Within Pty Ltd will supply copies of all content taken to the individuals signing this form.

Additionally, I waive the right to royalties or other compensation arising or related to the use of my image or recording.

☐ Yes ☐ No

Duration of this agreement

This agreement commences on the date it was signed. The agreement is valid for the duration of the Conquer From Within Pilot Program.

About this agreement

Conquer From Within Pty Ltd is committed to providing you with the highest level of service and confidentiality, which includes protecting your privacy. Conquer From Within Pty Ltd is bound by various commonwealth, state and territory laws concerning the protection of your personal and sensitive information.

CONQUER FROM WITHIN

PRIVACY CONSENT INFORMATION

Collection and use of information about you

Your personal information will be collected, maintained and used in accordance with relevant laws. Conquer From Within Pty Ltd will only use your information for the purposes directly related to the services being provided.

Maintaining the security of information about you

Conquer From Within Pty Ltd will maintain the security of your information to safeguard it against loss, unauthorised access, use/misuse, modification or disclosure.

Disclosure under other circumstances

Information about you may be disclosed to other services/authorities without your consent where a disclosure is required by law or duty of care to lessen or prevent a serious threat to life, health or safety.

Minimum Data Set reporting

Conquer From Within Pty Ltd is also required by various government agencies and funders to report what is known as minimum data set (MDS) information. MDS information is standard practice and is used to enable funders monitor and evaluate of service provision. This information is de-identified (i.e. will not contain your name, or Medicare number).

Independent auditing

Conquer From Within Pty Ltd is subject to periodic quality audits conducted by independent audit companies working for certification or regulatory reasons. Conquer From Within Pty Ltd is audited against the following standards:

- Quality Management System Requirements
- Australian Community Industry Standard 2018
- National Standards for Mental Health Services (NSMHS)
- National Disability Insurance Scheme (NDIS) Quality and Safety Commission Practice Standards and Rules
- Quality Improvement Council Health and Community Standards 7th ed. (QIC Standards).
- Queensland Human Services Quality Framework (HSQF) Standards
- Victorian Human Services Standards (HSS)

Auditors may wish to access and review your files, records or plans to ensure that Conquer From Within Pty Ltd is meeting compliance with relevant standards. Auditors may also seek to contact you for an interview to discuss your experiences of support.

If you want to know more about these audits, please let us know. You can contact our Director: alextoohill@aabeyond.com.au

CONQUER FROM WITHIN

YOUTH EMPOWERMENT TRAINING: EMERGENCY CONTACTS

Primary Emergency Contact

Full Name:

Relationship:

Phone Number:

Email Address:

Secondary Emergency Contact

Full Name:

Relationship:

Phone Number:

Email Address:

YOUTH EMPOWERMENT TRAINING: CONSENT & CONFIDENTIALITY

I confirm that the information provided in this referral is accurate to the best of my knowledge and consent has been obtained where required for referral and information sharing.

Guardian/Child Safety Officer Name:

Signature:

Date:

[illegible]

KEEP IN TOUCH



YOUR FACILITATORS

ALEX TOOHILL & ASHLEY HINKINS

Alex Toohill and Ashley Hinkins are experienced youth facilitators with a strong background in youth work, disability support, and training delivery. They have worked with young people in a variety of support and development settings, helping them build confidence, independence, and practical life skills.

We are passionate about creating a supportive and engaging environment where participants feel comfortable reflecting on their goals, responsibilities, and future pathways.

Through the Conquer From Within program, we help guide young people toward greater self-awareness, resilience, and personal growth.

CONTACT INFORMATION

Alex Toohill:

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