

CAREER READINESS FOR YOUNG PARENTS REFERRAL FORM

| REGISTRATION DETAILS | | | | | |
|--|----------|--|----------------|--|--|
| Title: | Surname: | First Name: | CRN: | | |
| Address: | | | | | |
| Suburb: | | Postcode: | State: | | |
| Home Phone: | | Mobile: | Date of Birth: | | |
| Email Address: | | | | | |
| ATSI: <input type="checkbox"/> Yes <input type="checkbox"/> No | | CALD: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| ELIGIBILITY FOR CAREER READINESS FOR YOUNG PARENTS PROGRAM | |
|--|--|
| Are you 25 years of age or under? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were you a teenager when you had your first child? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been on Parenting Payment since you were 19 or younger? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently receiving Parenting Payment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How did you hear about the program? | |

**You must answer 'yes' to all questions to be eligible for the program
Eligibility is not a guarantee of placement

| REFERRING AGENCY INFORMATION | |
|------------------------------|---------------|
| Referring Agency: | Contact Name: |
| Address: | |
| | Phone Number: |
| Email Address: | |
| Signature of Referrer: | Date: |

To the best of my knowledge, I confirm that the above information is correct and accurate.

Participant Signature _____ Date _____

Referral form for **Rockingham** to: linda.holborow@bridgingthegap.org.au
 Referral form for **Mandurah** to: jane.balmer@bridgingthegap.org.au

| FOLLOW UP ACTIONS COMPLETED (BTG STAFF TO COMPLETE) | | | | | |
|---|---|--|--|--|---|
| Date: | Eligibility checked <input type="checkbox"/> Yes <input type="checkbox"/> No | Appt Created <input type="checkbox"/> Yes <input type="checkbox"/> No | System Entered <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments <input type="checkbox"/> Yes <input type="checkbox"/> No | Filed <input type="checkbox"/> Yes <input type="checkbox"/> No |