



# WHEELS REFERRAL FORM



## SECTION A

**This section is to be completed by the young person or with the support of the referring worker.**

**Once referral form is completed, please fax referral attention: Vanessa on 8486-2121**

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

Which Wheels program are you wishing to be referred to?

Location: \_\_\_\_\_

### Client Details

Full Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F

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

Contact Details: Ph: \_\_\_\_\_ Mobile \_\_\_\_\_

Cultural Identity: \_\_\_\_\_ Language most spoken: \_\_\_\_\_

Do you have any children? \_\_\_\_\_ Income Type: \_\_\_\_\_

Do you have any dietary requirements? \_\_\_\_\_

Do you have any Allergies? \_\_\_\_\_

### Education, Employment and Training (E.E.T)

What is your current Education/Employment status? (please circle)

Unemployed      Looking for work      Employed Part-time      Employed Full- time

Secondary Education      Tafe      Tertiary Education      Short Course

Other \_\_\_\_\_

If you are currently studying, what is the name of your course?

\_\_\_\_\_

If you are currently working, what industry are you working in?

\_\_\_\_\_

What is the highest level of education you completed at School?

Year 7 or Below      Year 8      Year 9      Year 10

Year 11      Year 12      Other: \_\_\_\_\_

Has you completed or partially completed any Tafe, Tertiary or Short Courses? YES/ NO

If yes please list the name of the course/s:

\_\_\_\_\_

\_\_\_\_\_

<b>Have you completed any of the following qualifications? (Please Circle)</b>		
Barista: Yes/No	First Aid: Yes/No	Workplace Hygiene Yes/No
<b>What would you most like support to achieve in the next 6-12 months?</b>		
Casual Employment	Part-time Employment	Full- Time Employment
Return to Secondary School	Participate in a short course	Enrol into a Tafe course
University course	Apprenticeship	
If there is something else that is not listed please write details below: _____		
_____		
_____		
<b>Which of the following areas most interests you? (Please Circle)</b>		
Job Searching	Resume Writing	Practice Interview Techniques
Driving Skills	Budgeting Skills	Legal Advice
Consumer affairs	Living Skills	Police Relations
Housing	Centrelink Advice	Certificates
Other: _____		
<b>Why have you chosen to do the WHEELS Program?</b>		
_____		
_____		
_____		
<b>Is there any of the following that may affect your attendance to the program? (Please Circle)</b>		
Housing Appointments	Legal matters	Drug/Alcohol issues
Transportation	Mental Health	Health Issues
Other: _____		
<b>Which licence do you need support to obtain?</b>		
Learners Permit	Probationary Licence	Already Have My Licence

**SECTION B – To be completed by referring worker**

**WORKERS DETAILS**

Name: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Contact Details: Office: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Employment/ Education and Training (E.E.T)**

**Is the young person currently linked in with a Job Services Australia Provider? Yes/ No**

If yes, Name of Provider: \_\_\_\_\_  
Contact No: \_\_\_\_\_  
Worker: (if known) \_\_\_\_\_

**Is the young person currently linked in with any other key worker or organisation that may currently be supporting them with Employment, Education or Training? Yes/ No**

If yes, Name of Organisation/Program: \_\_\_\_\_  
Contact No: \_\_\_\_\_  
Worker: \_\_\_\_\_

**Housing/ Accommodation Status**

**What is the young person's accommodation situation? (Please Circle)**

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

**Is the young person currently receiving support from a housing worker? Yes/No**

If yes, Name of Worker: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Contact No: Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Drug & Alcohol Use**

**Does the young person have any current substance use issues? Yes/No**

**If Yes, which of the following are being used?**

Alcohol      Amphetamines      Cannabis      Cocaine      Ecstasy  
Pharmaceuticals      Heroin      Other: \_\_\_\_\_

**Is the young person currently receiving support from a D&A worker? Yes/ No**

If Yes, Name of Worker \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Contact No: Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

<b>Mental Health</b>			
<b>Has the young person been diagnosed with a mental health issue? Yes/ No</b>			
<b>If Yes what is the diagnosis?</b>			
Anxiety	Bipolar Disorder	Depression	Borderline Personality Disorder
Schizophrenia	Schizoaffective Disorder	Panic Disorder	Obsessive Compulsive Disorder
Eating Disorder	Post Traumatic Stress	Psychosis	Other _____
<b>Is the young person currently linked in with any mental health supports? Yes/ No</b>			
If Yes, Name of Worker _____			
Organisation: _____			
Contact No: Office: _____ Mobile: _____			
<b>Is the young person currently taking any medication for their diagnosis? Yes/No</b>			
Medication: _____			
<b>General Health</b>			
<b>Are there any general health concerns that we need to be aware of? _____</b>			
_____			
_____			
<b>Legal Issues</b>			
<b>Does the young person have any current legal issues that may prevent them from attending wheels on a regular basis? YES/ NO (Please Circle)</b>			
If yes, what outstanding matters does the young person have?			
Fines	Family Court	Immigration Issues	Involvement with Police
Criminal Court	Youth Justice Order	Community Based Order	Other: _____
<b>Are any of these legal issues related to driving offences? YES/ NO (Please Circle)</b>			
<b>Other Supports:</b>			
<b>Is the young person currently linked in with any other support services? YES/ NO</b>			
If Yes, Name of Worker: _____			
Organisation: _____			
Contact No: Office: _____ Mobile: _____			
<b>Official Use Only</b>			
<input type="radio"/> Confirmed <input type="radio"/> Ineligible: _____ <input type="radio"/> Did not attend initial assessment <input type="radio"/> More information needed			

