|  |  |  |
| --- | --- | --- |
| Program eligibility criteria: | **Yes** | **No** |
| **Is the young person 18-25 years of age?** |  |  |
| **Has the young person arrived in Australia within the past 5 years?** |  |  |
| **Is the young person interested in looking for work?** |  |  |
| **Does the young person consent to this referral?** |  |  |

Please note, sections in orange are *required* information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | | | |  | | | | | |
| **DETAILS OF YOUNG PERSON** | | | | | | | | | |
| **Name:** | | **Date of Birth:** | | | | | | **Age:** | **Gender:** |
| **Address:** | | | | | | | | | |
| **Suburb:** | | | | | | | | | **Postcode:** |
| **Home phone:** | | | | **Mobile:** | | | | | |
| **Country of Birth:** | | | | **Cultural identity:** | | | | | |
| **Main Language:** | | | | **Other languages spoken:** | | | | | |
| **Who is the young person living with?** | | | | | | | | | |
| **Does the young person give permission to contact their family?** | | | **Yes** | | | | **No** | | **Maybe later** |
| **Family contact:** | | | **Phone/mobile:** | | | | | | |
| **How long has the young person been in Australia?** | | | **Visa type (If known)** | | | | | | |
| **Is the young person currently working or studying? Please provide details:** | | | **Part time / Full-time / Other** | | | | | | |
| **EMPLOYMENT/STUDY GOALS** | | | | | | | | | |
| CMY Employment Empowers program connects young people with volunteer mentors to support their employment goals (including broader employability skills). Please provide details of the young person’s employment/study goals, areas of interest and any other relevant information: | | | | | | | | | |
|  | | | | | | | | | |
| **ADDITIONAL SUPPORT NEEDS**  Please provide overview of young person’s current situation and any other support needs they may have. Please include information of any other services involved: | | | | | | | | | |
| **Who is requesting service?** (Tick) | Young person | | | | Parent | Other (describe) | | | |
| **REFERRING AGENCY** | | | | | | | | | |
| **Referring Agency:** | | | | **Contact Person:** | | | | | |
| **Phone:** | | | | **Fax:** | | | | | |
| **Mobile:** | | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | | | |
| **Date received:** | | | | | | | | | |
| **How does this young person fit the criteria?** | | | | | | | | | |
| **Allocated to:** | | | | | | | | | |
| **First Contact Date:** | | | | | | | | | |

Please return completed form to: [employmentempowers@cmy.net.au](mailto:employmentempowers@cmy.net.au) or call Sarah Ramirez (Team Leader) 0413 795 469 for further assistance.