



FOLLOW UP SUPPORT / CARE COORDINATION

Name of person making referral		Date	
Relationship to Young Person		Since	
Name of Service		Phone	

YOUNG PERSON DETAILS			
Name			
Preferred Name/s		Gender Identity	
Date of Birth		Age	
Cultural Identity			
Mobile		Email	
Lives With			
Address			

FAMILY/CARER DETAILS (best contact person)			
Name			
Date of Birth		Mobile	
Email			
Address			

REQUIRES SUPPORT WITH:			
Connection with recreation, sport or other activities		Keeping out of trouble	
Reconnecting with family and /or community supports		Dealing with harm or self-harm	
School, training and/or employment		Homelessness	
Someone to talk with or linking with services		Other (explain below)	

REASON FOR REFERRAL <i>(if you need more space please add additional page)</i>

SUPPORT AND SERVICES currently involved		
Service /Support	Contact name/Number	Providing/Since
List any Risk Factors or worries: e.g. environmental, relationships, behaviour, etc		
Young person aware of referral/Contact (Yes/No)		
Young person provides consent to receive information about upcoming events (Yes/No)		
Family/Carer – Complete Consent Form if under 16 years (attached)		



Acknowledgement and Consent to Share/Obtain Information

I acknowledge that GCYS are **collecting and recording my information** for the purpose of assessing my needs, providing me a service and evaluating service provision.

GCYS have informed me about my privacy rights and assured me that my personal information will be handled in accordance with the Information **Privacy Act 2009 (QLD)**. I understand **that I can request to see and/or amend the personal information** recorded about me as appropriate.

I understand that non-identifying information will be provided to relevant Departments for research, reporting and statistical purposes only. **Non-identifying information means that my personal details are not provided.**

I understand that consent is voluntary and I can withdraw it at any time.

This **consent relates to** the specific personal information or information for the **purpose of follow up support and/or Care Coordination**. I do understand that information (excluding sensitive information) obtained may need to be shared with others without my express agreement but will only be done if it directly relates to the primary purpose for which it was collected, a directly related purpose, or where another exemption under the Privacy Act applies.

I authorise GCYS to request/share information pertaining to their involvement with me for reasons as identified in my support or care plan and linking me in with relevant services or support.

Anyone you do not want us to share information with?

I give permission for a GCYS staff member to make contact with me to discuss and evaluate GCYS service provision and procedures and I understand that **I have the right** to provide feedback about any part of the service that I receive at any time, including making a complaint.

I have been informed of the process to be followed when **providing feedback/compliments/complaints** directly to GCYS.

I acknowledge that I have been informed of and understand all of the above.

Young person Signature		Date	
Parent/Caregiver (if young person under 16 years of age)		Date	
Parent phone			
Witness/Worker (if supported by agency)		Date	