

# Gold Coast Youth Foyer Readiness Form



Thanks for taking the time to share a bit about yourself. This helps us understand how the Foyer might support you, and how you might feel being part of the community here. There's no perfect answer — just be yourself.

Today's date:

Reference agency (if any):

## PERSONAL DETAILS:

First Name:

Last Name:

Preferred Name:

DOB:

Age:

Telephone:

Email:

Current address:

Suburb:

Postcode:

Housing application number:

Emergency contact (and how they are related to you):

Country of birth:

Preferred Language:

Cultural background:

Do you identify as:

Aboriginal:

Torres Strait Islander:

Both:

Residency status:

Australian:

Temporary resident:

Permanent resident:

Other (specify):

Assigned gender at birth:

Male:

Female:

Gender you identify with:

Sexual orientation:

Straight:

Lesbian:

Gay:

Queer:

Bisexual:

Asexual:

Other:

Are you in a relationship?

Yes:

No:

Do you have any children or dependents? If yes, please share their names, age, and who they live with?

*Your sexuality and gender identity are personal — you don't have to answer these questions if you don't want to. At the Foyer, we see everyone as equal and welcome young people of all sexualities and genders. Sharing this info can help us support you better and connect you with the right activities, groups and networks. Anything you share is kept private.*

## YOUR DREAM & STRENGTHS:

When you were younger what did you want to do when you grow up?

Picture yourself in a couple of years being happy and content with your circumstances. What has changed?

What is getting in the way of your goals right now?

If you were afforded the opportunity to live in the Foyer, how would you use the time to get closer to your dreams?

What do you like to do with your free time?

What are you proud of about yourself?

Who inspires you?

## EDUCATION:

What education/training have you already completed?

Are you currently in enrolled in education or training?

Yes: Title of course/school

Where you are attending  
course/school:

No:

How motivated are you to be involved in study or training (Click the button between 1 to ten that best indicates your motivation)?

NOT MOTIVATED

REALLY MOTIVATED

## EMPLOYMENT:

Previous job history:

Are you currently employed?

Yes: Job title:

Hours p/w  
worked:

Place of  
employment:

No:

If you're not employed at the moment, what goals are you focusing on to help you move forward?

How motivated are you to get work?

NOT MOTIVATED

REALLY MOTIVATED

What skills or qualifications do you have that would help you get a job?

If you are not employed, what efforts have you made to get work?

## PARTICIPATION (GETTING INVOLVED):

Community activities or groups that you have been a part of before (i.e. soccer, gym, youth group)

Are you currently part of a community activity or group?

Yes:                      Name of group  
or activity:

Location:

How often do  
you meet:

No:

What are your current hobbies and what are some hobbies you would like to explore?

How motivated are you to be involved in a community group or activity?

NOT MOTIVATED

REALLY MOTIVATED

How motivated would you be in taking part of activities programs and groups run by the Foyer?

NOT MOTIVATED

REALLY MOTIVATED

## HOUSING:

What is your current housing situation?

At risk of homelessness:

Homeless:

In State Care:

Other:

Who are you living with?

How long since you last had  
a permanent address:

Thinking about the different places you have lived or stayed in over the last 12 months, how much time have you spent:

Less than one month:

6-12 months:

2-6 months:

More than 12 months:

What is the main reason you do not currently have accommodation or are losing current accommodation?

## CONNECTIONS AND SUPPORTS:

(If you can, please name your supports in the relevant quadrant)

FAMILY/FRIENDS

PROFESSIONALS (CASEWORKERS, THERAPISTS ECT)

WORK/SCHOOL

COMMUNITY (SPORTS, CLUBS)



## INDEPENDENT LIVING:

How confident are you in cooking meals for yourself?

NOT CONFIDENT

REALLY CONFIDENT

How often do you run into money problems?

NEVER

ALL THE TIME

How confident are you in your ability to attend your own personal hygiene needs (including showering, washing clothes, changing bedsheets, cleaning house etc.)?

NOT CONFIDENT

REALLY CONFIDENT

Do you have any debts (SPER, loans, Afterpay etc.)? Please list.

## HEALTH & WELLBEING:

Do you have a diagnosed medical condition?

No diagnosis

Yes, and currently receiving treatment

Yes, and currently not receiving treatment

Have not been formally diagnosed

If yes, what is the diagnosed condition and how does it impact your day-to-day life?

Are you currently receiving an agreed package of support through the National Disability Insurance Scheme?

Do you have a diagnosed mental health condition?

No diagnosis

Yes, and currently receiving treatment

Yes, and currently not receiving treatment

Have not been formally diagnosed but would like this to be explored

If yes, what is the diagnosed condition and how does it impact your day-to-day life?

In the past 12 months have you attempted suicide?

Yes

No

In the past 12 months have you self-harmed?

Yes

No

If you answered yes to either of the above two questions, can you let us know if there is a safety plan in place?

How many times in the last 12 months have you received care at a hospital emergency department or been hospitalised as an inpatient for medical or mental health reasons?

Nil

Once

Twice

Three times or more

Is there currently a Treatment Authority in place?

## SAFETY:

Have you ever experienced family or domestic violence?

Do you have a current DVO or TPO against someone?

Is there a DVO or TPO against yourself?

Is there any current risk to your safety?

Do you have a history of serious violent or aggressive behaviour?

Yes

No

Can you provide an example of how you manage conflict?

## AOD/SUBSTANCE USE:

How often do you drink alcohol?

Never

Occasionally

Every week

Everyday

How often do you use other drugs/substances?

Never

Occasionally

Every week

Everyday

If you take drugs, what drugs are you most likely to take?

Are you willing or are you currently getting supports for this?

Yes

No

If you are getting supports, who are your supports through?

## INCOME:

What is your main source of income?

Employment

Centrelink payment

Nil income

What is your total income per fortnight? \$

Have you ever had any problems with gambling?

## REFERENCE:

We would like you to provide two references for us. This could be your Case Manager, Support Worker or Teacher etc. Please provide name, job title and phone number.

**REFERENCE #1**

How long have they known you?



**REFERENCE #2**

How long have they known you?

Is there anything else you'd like us to know?

## INFORMED CONSENT

### GCYS ACKNOWLEDGMENT & CONSENT TO COLLECT/SHARE INFORMATION

Client:

Worker/s:

Dates:

Start:

Review:

End:

I acknowledge that GCYS have informed me that the personal information they collect, is reasonably necessary in providing me a service individually tailored to meet my needs.

I have been informed about what information may be collected and how it may be collected. I have also been informed about how my information will be stored and how it may be used.

GCYS have informed me about my privacy rights and assured me that my personal information (including sensitive information) will be handled in accordance with both the Privacy Act 1988 (Comm) and the Information Privacy Act 2009 (QLD).

I understand that consent is voluntary and I can withdraw it at any time. I understand that I have the right to access or seek corrections to any of my information held by GCYS and know the steps I need to take to do this.

I understand that GCYS utilise secure online IT data management systems and that non-identifying information will be provided to funding bodies for research, reporting and statistical purposes.

I understand that I have the right to provide feedback at any time about any part of the service that I receive, including making a complaint and have been informed of the steps I need to take to do this.

I have been informed of where I can read/obtain a full copy of the GCYS Privacy Policy.

I authorise GCYS to request/share information pertaining to their involvement with me with the following agencies/individuals for reasons as identified in my support plan.

e.g Community Housing QLD - housing

#### Restrictions to Consent

*I do understand that information (excluding sensitive information) obtained may also 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 acknowledge that I have been informed of and understand all the above.**

Client signature:

Date:

Parent/Caregiver:

Date:

Witness/Worker:

Date: