



Referral and Expression of Interest form

Please submit the completed form to:

Attention: The Program Coordinator, Grow a Star

Email to info@growastar.com.au

Or via post PO Box 967, Hamilton NSW 2303

If you have any questions regarding this process please do not hesitate to contact the Grow a Star Program Coordinator Shane Marshall on 0429 358 426

PLEASE NOTE: SUBMISSION OF THIS FORM DOES NOT GUARANTEE
ACCEPTANCE INTO THE GROW A STAR PROGRAM.

To enable us to assess whether the young person is eligible for the Grow a Star program, we
require some personal information.

This information will be treated in confidence and will not be disclosed to any other parties.

| | |
|-------------------------|--|
| Submission Date: | |
|-------------------------|--|

| | |
|----------------------------|--|
| Referrer's Details: | |
| Name of referrer: | |
| Organisation/Service: | |
| Phone Number: | |
| Email Address: | |
| State: | |

| | |
|--|---|
| Young Person's Details: | |
| Name: | |
| Address: | |
| Date of birth: Gender: | |
| Country of Birth: | |
| School & Year: | |
| Employed: | YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please supply details |
| Disability: | YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please supply details |
| Cultural Identity: | Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other <input type="checkbox"/> |
| Housing Does the young person reside in : | <input type="checkbox"/> Public Housing <input type="checkbox"/> Compass Housing <input type="checkbox"/> Community Housing (other) <input type="checkbox"/> Private Rental <input type="checkbox"/> Private (Home owner) |
| Has the young person agreed to this referral? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Parent/Guardian Details

| | |
|---|---|
| Name: | |
| Address: | |
| Phone (home): Mobile: | |
| Email: | |
| How would you be preferred to be contacted: | <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter |

Please explain why you are seeking assistance from the Grow a Star program: (150 words or less)

Please explain how you intend to keep the young person involved in the activity once Grow a Star support has expired: (150 words or less)

Parent/Guardian/Care giver consent:

I, _____ am of full age and able to contract for the minor in regards to the Grow a Star program.

Signed: _____

Print Name: _____

Contact details: _____

Date: ____ / ____ / ____

Risk Assessment

| | |
|--|---|
| Is it necessary for the young person to work with a worker of a particular gender? | YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: |
|--|---|

Has the young person or an immediate family member been known to:

| | |
|--|---|
| Carry a weapon? | YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: |
| Have any AVOs against them? | YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: |
| Committed a violence offence? | YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: |
| Have any current alcohol/drugs usage? | YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: |
| Have a history of violent behaviour? | YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: |
| Have any violent and/or dangerous family members or friends? | YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: |