

## How does it work?



### STEP 1: SUBMIT REFERRAL

**NOTE:** Agency referrals are not required for students who identify as Aboriginal or Torres Strait Islander.



- **Ensure you are an approved participation referral agent.** Only those organisations listed on the Participation Referral Agent List published on [dtwd.wa.gov.au/vet-jswa](http://dtwd.wa.gov.au/vet-jswa) at the time of recruitment will be accepted.
- **Complete the following form** with the young person.
- **Email it to:** [iotadmin@wapcyc.com.au](mailto:iotadmin@wapcyc.com.au)
  - » The Student Services Coordinator will contact you to discuss the young person's suitability for the course.



### STEP 2: ATTEND MEET AND GREET

- **If the referral is progressed,** the young person is required to attend a meet and greet, at least three weeks prior to the course starting, with the Trainer and Youth Worker.
  - » This provides an opportunity for the young person to view the training environment, find out more information and meet the team!
- **During the meet and greet,** prospective students will be asked questions about their experiences with schooling, future goals and why they would like to attend this course.
  - » If the student is happy to proceed, enrolment paperwork can be provided at the meet and greet. A parent and/or legal guardian is required to be present for the completion of enrolment paperwork.



### STEP 3: COMPLETE ENROLMENT PAPERWORK

- **After the meet and greet,** students will be invited to complete enrolment paperwork, this consists of:
  - Enrolment Form
  - Language, Literacy and Numeracy Assessment
  - Student Behaviour Contract
  - Student Fees and Payment Form (Payment Plans are optional)
  - » The Trainer and/or Youth Worker can assist students to complete this paperwork if required.



### STEP 4: ENROLMENT OUTCOME NOTIFICATION

- **Once the meet and greet and enrolment pack has been completed and submitted,** students and the referring agency will be notified of the outcome. If a student is successful in securing a place, the student will be provided an official Offer of Place letter. This letter includes all the information they need to know about their course.
- **Youth Workers will be in contact with each Student** one week prior to course commencement.
  - » Please be aware, students will not be able to commence training unless all documentation has been provided.
  - » Completed Notice of Arrangement or Certificate of Approval and Exemption forms are required to be submitted to [iotadmin@wapcyc.com.au](mailto:iotadmin@wapcyc.com.au) no later than two weeks prior to the course start date.

# Referral form

Centre Name	<input type="text"/>	Course	<input type="text"/>
		Start date	<input type="text"/>

## Referrer Details

Referrer name	<input type="text"/>		
Name of agency/organisation	<input type="text"/>		
Phone number	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
Relationship to young person	<input type="text"/>		
How long have you known the young person?	<input type="text"/>		
Date of referral	<input type="text"/>		
Are you electing to pay student gap fees on behalf of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the email address for distribution of invoice(s):		

## Young Person's Details

Name	<input type="text"/>		
Preferred name	<input type="text"/>		
Date of birth	<input type="text"/>	Age	<input type="text"/>
Cultural identity	<input type="text"/>	Gender	<input type="text"/>
		Pronouns	<input type="text"/>
Address	<input type="text"/>		
Mobile number	<input type="text"/>	Email	<input type="text"/>
Who does the young person currently live with?	<input type="text"/>		
Is the young person currently enrolled in a course?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the expected end date?		
Currently enrolled in school	<input type="checkbox"/> Yes – Name of school: <input type="checkbox"/> No – Last year of attendance: Name of school:		
Student's current year level	<input type="text"/>		
Is a Notice of Arrangement required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is a Certificate of Approval exemption required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Target group	<input type="checkbox"/> Youth at risk <input type="checkbox"/> ATSI		
Meet and Greet preference	<input type="checkbox"/> Group <input type="checkbox"/> Individual		

## Parent/Guardian Details

Name	<input type="text"/>		
Phone number	<input type="text"/>		
Address	<input type="text"/>		
Is the young person's parent/guardian aware of the referral?	<input type="text"/>		

## General Information

**1** Summary of the young person's situation, family and relevant background information that PCYC should be aware of prior to enrolment e.g. criminal record, pregnancy status, subject to a court order, out of home care etc.

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**2** Risk to self or others (including self-harm, suicidal ideation, substance abuse, aggression)

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**3** What does the young person hope to achieve from attending?

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**4** What does the young person want to engage in after the course is complete (if known)

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**5** What is going well for the young person currently?

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**6** Is the young person currently engaged in any recreational activities or has been in the past?

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**7** What do you believe are the young person's strengths, skills, likes and dislikes?

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**8** Any further information that the young person/referrer would like us to know?

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# Referral form

**9** Are there any potential barriers to engagement?  Yes  No

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**10** Has the young person been involved in any incidents involving the following, either in or outside of educational settings:  
• Violence towards another person  
• Possession of a weapon or any item that could cause harm or injury  
• Threats of violence or intimidation to staff, students or others  
• Illegal drugs  Yes  No  
» If yes, please provide a brief description:

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**11** Are there any other agencies/organisations currently involved with the young person?  Yes  No

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**12** To your knowledge, does the young person have any medical, emotional, behavioural or mental health issues that you are aware of?  Yes  No  
» If yes, provide additional information and provide any support plans currently in place for the young person

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## Consent

Young person name

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Signature

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Date

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