

Youth Transition to Employment Program – Referral Form

Full Name: Date of Birth:

Address:

Suburb: State: Postcode:

Contact Number:

Email:

Gender:

Eligibility Check

- 15-17 years old
- Currently are not receiving paid employment
- Not enrolled at school OR;
- Exempt from school OR;
- Risk of exemption from school OR;
- Risk of homelessness

Reason for Referral

I need help with:

- | | |
|--|---|
| <input type="checkbox"/> Writing a Resume' and/or Cover Letter | <input type="checkbox"/> Job Search |
| <input type="checkbox"/> Interview Skills and Preparation | <input type="checkbox"/> Connecting with support services |
| <input type="checkbox"/> Job Skills | <input type="checkbox"/> Workplace Expectations and Rights |
| <input type="checkbox"/> Applying for Job Applications | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Employment Action Plan | <input type="checkbox"/> Work Readiness Skills |
| <input type="checkbox"/> Confidence Building and Motivation | <input type="checkbox"/> Digital Skills (e.g., online applications) |

Referred by

- Tick here if this is a self-referral

Name: Date:

Organisation: Phone:

Email:

Extended Demographics

- Aboriginal
- Torres Strait Islander
- Both
- None of the above
- Prefer not to say
- Not stated/inadequately described

Country of Birth:

Language Spoken at Home:

Highest Level of Education:

- | | |
|---|---|
| <input type="checkbox"/> Year 6 | <input type="checkbox"/> Certificate I |
| <input type="checkbox"/> Year 7 | <input type="checkbox"/> Certificate II |
| <input type="checkbox"/> Year 8 | <input type="checkbox"/> Certificate III |
| <input type="checkbox"/> Year 9 | <input type="checkbox"/> Certificate IV |
| <input type="checkbox"/> Year 10 | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Year 11 | <input type="checkbox"/> Currently attending school |
| <input type="checkbox"/> Year 12 | <input type="checkbox"/> Attending alternative education/ flexible learning |
| <input type="checkbox"/> Have not attended school | <input type="checkbox"/> Prefer not to say |

Impairments, Conditions or Disabilities:

- Intellectual learning
- Psychiatric
- Sensory/Speech
- Physical/Diverse
- Not stated/Inadequately described
- None

Permissions

- Client consents for Department of Social Services to collect personal information from providers for storage on Data Exchange
- Consent for future contact for survey / research / evaluation

Thank you for your referral. Please email this form to Muswellbrook Shire Council:

Attn: Community Partnerships Officer - employmentpathways@muswellbrook.nsw.gov.au or mail to PO Box 122, Muswellbrook NSW 2333.

This initiative is supported by funding from the NSW Government through the Department of Communities and Justice under the CAFS Agreement.

Muswellbrook Shire Council is committed to protecting your privacy. We take all reasonable steps to comply with relevant legislation and Council's Privacy Statement - [Privacy Statement: Muswellbrook Shire Council](#).

For further information phone 02 6549 3700 or email council@muswellbrook.nsw.gov.au.