

Expression of Interest for Enrolment

STUDENT DETAILS			
Surname		Date of Birth	-----/-----/-----
First Name		Gender:	Age:
Home Address			
Phone Numbers			

PRIMARY CARER DETAILS			
Surname		Relationship to Student	
First Name		Phone Number	
Email address			
Student lives with the primary carer	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Occasionally <input type="checkbox"/> Never		

REFERRAL DETAILS			
Referring Person		Date of referral	-----/-----/-----
Agency			
Phone Numbers			
Email			
Nature of involvement with the young person			

KEY AGENCY INVOLVED WITH STUDENT			
Agency Name		Workers role	
Worker Name		Phone Number	
Email		Mobile Number	

OTHER AGENCIES INVOLVED CURRENTLY OR IN THE PAST eg DHS, CAHMS, Justice, Community Agencies

Name of worker	Agency	Phone Number	Dates

RECENT EDUCATIONAL HISTORY

When did you last attend full-time school?	Month.....	Year 20	Year Level
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Which school were you attending?

Which school were you attending prior to this?

Why did you leave school? (tick all relevant boxes)

Is the student PSD Funded? Yes No

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Relationship breakdown with peers
<input type="checkbox"/> Relationship breakdown with teachers/school
<input type="checkbox"/> Mental Health issues
<input type="checkbox"/> Bullying/Harassment
<input type="checkbox"/> Physical Health Issues
<input type="checkbox"/> Learning Difficulties | <input type="checkbox"/> Pregnancy/Parenting needs
<input type="checkbox"/> Family Issues
<input type="checkbox"/> Relocation
<input type="checkbox"/> Substance abuse issues
<input type="checkbox"/> Housing/accommodation needs
<input type="checkbox"/> Other |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Brief description of reasons for leaving school

HOW HAVE YOU SPENT YOUR TIME SINCE LEAVING SCHOOL?

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Training programs/short course
<input type="checkbox"/> Looking for work
<input type="checkbox"/> Working | <input type="checkbox"/> Staying at home
<input type="checkbox"/> With friends
<input type="checkbox"/> Other |
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Further comments:

FUTURE PLANS

Why do you want to enrol at DOTS?

What would you like to be doing in 2 years' time?

STUDENT AND PARENT/GUARDIAN APPROVAL

I understand that the information provided on the referral form may only be used for enrolment purposes by Phoenix/DOTS staff unless otherwise authorised.

Student ticks box and signs to approve

YES NO

Parent/Guardian ticks and signs to approve

YES NO