



An Australian Government Initiative

# CONNECTIONS

YOUR DREAMS » YOUR FUTURE

## Referral Form

Referral From: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

### Client Information

Surname Name: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Gender: M / F  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Next of Kin: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 Phone: \_\_\_\_\_ (Home /Work) \_\_\_\_\_ (Mobile)

### Referral Criteria

(Please Circle)

- Are you currently enrolled in Youth Pathways / Green Corps / Work for the Dole
- Aged 13 -19yrs – Yes / No
- Disengaged from school for 3 months or more – Yes / No
- Has not completed Year 12 – Yes / No
- Faces substantial barriers (Please give reasons below)

### Reason for Referral

(Please provide your reasons for referring to Connections)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Office Use Only:

Referral Received: \_\_\_ / \_\_\_ / \_\_\_ Received by: \_\_\_\_\_  
 Actions taken: \_\_\_\_\_



Please Fax or Email to:  
 Sunshine Coast Schools Industry Links Scheme  
 07 54379185 or [connections36@bigpond.com](mailto:connections36@bigpond.com)



CONNECT TO YOUR FUTURE  
 Career Advice Australia