



QPASTT Youth Referral Form

The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) is a community based, not for profit organisation which aims to provide a range of flexible and culturally sensitive services to people who have suffered refugee related trauma prior to migrating to Australia.

A Youth Engagement & Advocacy Officer will provide support to young people from refugee backgrounds to build relationships, connect, assess and identify needs. These needs of young people could be related to refugee experience trauma, mental health, health, housing, social, intergenerational conflict, etc.

The following details are required to ensure QPASTT has the knowledge to be able to appropriately assist young people. For more information on consent, program delivery or support please speak to one of our Youth Enterprise & Innovation Team.

Referral for (please indicate)

1:1 School Outreach	1:1 Community Outreach School
Homework Club	School Holiday activity
Youth Voice Leadership Program	Young Women's / Young Men's Group
Therapeutic Groups (Drumbeat, Rock & Water, Healthy relationships)	

Is this young person aware of this referral Yes No (please advise them)

Given Name Surname

Date of Birth (dd/mm/yyyy) Age

Gender Female Male Prefer to Self describe

School enrolled at Year

Current home address Post Code

Mobile number Number of people living at your home

Country of Origin Ethnicity (if not known please write "unsure")

Main language/s spoken at home Interpreter Required Yes No Unsure

Further comments

Date of arrival in Australia Have you been in immigration detention No Yes

If Yes, date of release :

Parent/Guardian/emergency contact details

Parent/Guardian Name

Relationship to You: mother, father, uncle, aunty, brother, sister, other:

Mobile number Home Phone number

Home address (if different from your address above)

Does the parent/guardian consent for a QPASTT worker to see their child if under 18 years of age?

Yes No (Kindly call and obtain parental consent before a QPASTT worker can start any regular work with the young person).

Reason for Referral : Please tick required boxes (multiple selection can be done).

Individual challenges: eg. pregnancy, health issues, child in care of the Department of Child Safety, mental health issues (eg. trauma, suicidal ideation), experiencing bullying/harassment, sexual issues, grief or loss).

School/employment engagement & attendance concerns:

Family issues eg: Conflict with family, domestic violence, abuse/neglect, family coping issues, poverty etc.

Legal issues:

Homelessness

Financial issues

Other

Please provide further details for any of the above selected:

Please describe your concerns about this young person:

What other Service/s are currently involved with this young person?

Key person/s this young person relates/seeks support from:

What would you like to see achieved with this young person (your desired outcome/s for referral):

Date of referral

Referral Source/
Organisation Name

Referrer Name

Position title

Contact Number/s

Email
Address/es

Thank you for taking the time to complete this referral. Please note that the form can be only be submitted via clicking on the below button after completing all the required fields highlighted in red.

Alternatively, please submit the referral form to a member of the Youth Enterprise & Innovation Team