

Youth Referral Form

About QPASTT: 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.

Youth Engagement & Advocacy Officers can provide support to young people from refugee backgrounds around identifying and reaching aspirations and goals. These could include health and wellbeing, education and employment pathways, social connections, skill development, support with relationships and other important issues.

This form: the following details are required to ensure QPASTT can appropriately assist you. By completing this form, QPASTT has permission to discuss this referral with our team and suggest the most suitable program. For more information on consent, program delivery or support, please ask one of our team.

QPASTT Main Office Phone: +61 (07) 3391 6677

Date of referral:

Referrer details:

Referrer name:			
Referrer organisation:			
Referrer phone:	Referrer email:		

This referral is for:

1:1 Support at school	Be part of a social group and/or build friendships		
1:1 Support outside of school	School holiday activity		
Study help	Other		

(Please note that some programs are region-specific and may not be available in other areas.)

Personal details:

(Please ensure all fields with * are completed)

Given name:				Surname:		
*Date of birth:		Age:		Mobile number:		
*Gender:	Female	Male	Prefer to self-describe			
School/Tafe/Uni:					Year:	
Current home address:					*Post code:	
*Residency status:		*Visa:			I don't know my visa status	
*Country of origin:			*Ethnicity (if known):			

*Faith identity:				*Date of arrival in Australia:		
*Language/s spoken at home:						
*Interpreter required:	Yes	No	Maybe	Time spent in immigration detention:	Yes	No

Parent/guardian/emergency contact details

Parent/guardian name:	
Relationship: (father, mother, uncle, aunt, brother, sister, other)	
Mobile number:	
If under 18, parent/guardian consent to be seen by a QPASTT worker: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Yes No </div>	

Please describe support needed:

List other service/s currently involved and other supports in place: