



## Evolution Referral Package

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**Thankyou for referring your client to Anglicare’s Evolution Program.**

Attached are the relevant forms for you to complete. Please send all the Information required in the list below. Please provide and attach the most up to date notes on the young person.

**Your Ongoing Obligation to Evolution**

Please advise staff of any significant events occurring prior to the young person’s arrival to the Evolution Program so staff can be better prepared to work with the young person.

✓ Please include the following with this referral:

- Completed Referral Forms
  - including signed permission forms
  - completed Preparation for Learning Plan with Goals
- Latest Care Plan
- I E P (Individual Education Plan) **MANDATORY**
- Copy of Bail or Obligation Agreement
  - If the young person’s obligation is to attend this program, then it is essential that we obtain a copy for our records
- Latest Review Information
- Completed Sharing Information Form



# Evolution Referral Form

Please complete this form and return to Evolution in order to process this referral

## Participants Details

Name:		D.O.B	/	/
Phone:		Mobile		
Address:				Pcode:
Cultural Background				
FLO Enrolled?	(Please circle)	Y	N	Student ID #

## Social Worker Details

Name:		Office:	
Phone:		Fax:	
Email:			

Is this the Emergency Contact?

## Carer/Placement Details

Name:		Agency	
Phone:		Fax:	
Email:			
Anglicare Family Based Care?			

Is this the Emergency Contact?

## Reasons for Referral

## Expected Length of Involvement with the Program

Full time  Part time  No. of Expected days to attend: \_\_\_\_\_

## Reintegration Goals (please state plans for reintegration back to school)

## Transport

FSA organised Taxi:  Carers:   
 Own transport/car:  Bus:  Train:

## Current / Previous School or Program Details

If the young person is under the guardianship of the minister,  
 is the young person a FLO(flexible learning options) student? Y / N

What school is the young person enrolled  
 in? \_\_\_\_\_

School:		Phone:	
Address:		Contact:	
Year level:			

Program		Agency:	
Phone:		Address:	
Contact:			

Program		Agency:	
Phone:		Address:	
Contact:			

Please give brief description of progress, or reasons for non attendance.

## School Attendance

Please tick the box:



- OS – Occasional Suspension:  (*Suspended 1 or 2 times*)
- RSE – Regular Suspension/exclusion:  (*Suspended or excluded more than a few times – has not attended in a while*)
- CSR – Chronic School Refuser:  (*Refusing to attend any schooling*)
- In Transition:  (*Not enrolled at school/changing schools*)

## Legal Status

Please attach any documents that are in relation to this program

What order is this client subject to?
Is the young person required to attend this program as part of bail conditions?
Is anyone to be refused contact/access with this client?

## Behaviour and Safety

Please be specific and include appropriate response where possible

Alcohol/substance use	Yes		No	
Self Harm	Yes		No	
Sexualised Behaviours	Yes		No	
Shoplifting/theft	Yes		No	
Arson or fire lighting	Yes		No	
Weapon Possession or use	Yes		No	
Physical aggression toward adult females/adult males	Yes		No	
Physical aggression toward young females/males	Yes		No	
Damage to property	Yes		No	
Other	Yes		No	
Please give full details:				

Is there anything else we need to know to prevent injury to this client or others; or to better assist us to work with this client?

What are the clients known triggers for behavioural aggression?

## Medical Details

Please be specific and include appropriate response and/or treatment

Young persons Medicare Number:	
Ambulance Cover:	
If yes please give details:	

Allergies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Epilepsy/seizures/fainting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes/low blood sugar	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dietary Needs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Anxiety	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Depression	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Attention Deficit Disorder	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please give full details:

Does this client have any disabilities? <i>Please give full details:</i>
Is this client currently taking any prescribed medication? <i>Please give full details:</i>
Will this client be bringing medication to the program? <i>Please give full details:</i>

Any young person required to take medication during program time needs to inform staff and administer their medication themselves.

Staff are not permitted to give young people any medication, including Panadol.

When required, staff can supervise the administration of medication.

# Preparation for Learning Plan – Anglicare Evolution Program

Student Name: \_\_\_\_\_

*This Section to be completed by referring agency*

**Education/Vocational and Employment History :**

**Clients Interests and Strengths:**

Date	Notes	Goals	Barriers	Client Needs	Client supports/Timeline

*This section of the form to be completed by the Evolution Youth Worker with client      **Goals specific to Evolution***

Date	Goals	Barriers	Client Needs	Steps to achieve Goals	Notes

**Case Worker:** \_\_\_\_\_

**Student:** \_\_\_\_\_

**Youth Worker:** \_\_\_\_\_

**Signature:**

**Signature:**

**Signature:**

# EXAMPLE

## Preparation for Learning Plan – Anglicare Evolution Program

Student Name: \_\_\_\_\_

*This Section to be completed by referring agency*

**Education/Vocational and Employment History :**  
*COMPLETED YEAR 8 AT WOODVILLE HIGH 2007*  
*WORK EXPERIENCE AT COLES IN 2008*

**Clients Interests and Strengths:**  
*SPORTS, ART AND CRAFT, GOOD AT MATHS, WANTS TO BE A MECHANIC*

Date	Notes	Goals	Barriers	Client Needs	Client supports/Timeline
	<i>NEEDS TO IMPROVE SOCIAL SKILLS AND WORK ON SKILLS TO GET HIM INTO EMPLOYMENT</i>	<i>TO WORK ON RESUME TO WORK ON JOB SKILLS TO HELP GAIN EMPLOYMENT</i>	<i>CAN NOT USE A COMPUTER HAS ANGER MANAGEMENT ISSUES WITH AUTHORITY</i>	<i>ONE ON ONE SUPPORT ANGER MANAGEMENT CLASSES COMPUTER SKILLS</i>	<i>SOCIAL WORKER TO ORGANISE ANGER MANAGEMENT CLASSES THIS TERM EVOLUTION STAFF TO WORK ON JOB SKILLS AND RESUME</i>

*This section of the form to be completed by the Evolution Youth Worker with client*      **Goals specific to Evolution**

Date	Goals	Barriers	Client Needs	Steps to achieve Goals	Notes

**Case Worker:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**Student:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**Youth Worker:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**Permission**

I give permission for.....(*client name*) to attend any off site excursions supervised by the Anglicare SA Staff, including deep water swimming.

Guardian's Name:

Position:

Date:

Signature:

I give permission for staff at Anglicare SA to perform Basic First Aid on, and take.....(*client name*) to a G.P and or Accident of Emergency Unit as required, provided I or my guardian is notified as soon a practicable after such a medical situation.

Guardian's Name:

Position:

Date:

Signature:

I give permission for the Evolution/Anglicare Worker to dispense the prescribed medication ..... to.....(*client name*) will follow the procedures outlined on the procedures outlined on page 5 of this document.

Guardian's Name:

Position:

Date:

Signature:

**Information Sharing Form**

**FSA Worker**

I .....(FSA worker) give permission to Evolution / Anglicare Worker, to exchange information in regards to.....(client name)	
Position:	
Date:	Signature:
Evolution Worker:	Signature:

**Other agency**

I ..... give permission to Evolution / Anglicare Worker, to exchange information in regards to.....(client name)	
Position:	
Date:	Signature:
Evolution Worker:	Signature:

**Other agency**

I ..... give permission to Evolution / Anglicare Worker, to exchange information in regards to.....(client name)	
Position:	
Date:	Signature:
Evolution Worker:	Signature: