

Strong Self Strong Spirit

Confidential Referral Form



The "**Strong Self, Strong Spirit**" service uses strengths based practices to improve the wellbeing of children and will build the capacity of and connections between their families, teachers and agencies involved in their lives. The service will target 8-12 year olds whose behaviour has brought them to the attention of School Principals, police or youth justice services.

Weekly mentoring sessions will engage mentees in activities aimed at building resilience and self-regulation of behaviour. The mentors will act as a role model and supporter, to intervene early and prevent or reduce emergence of anti-social or offending behaviour.

Client placement onto the program relies on a referral process and individual students may be referred by teachers, school psychologists or relevant agency such as the Department for Child Protection and Family Support.

Personal Information	
Child's Name	
Date of Birth	
Address	
Contact Number	
School	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:
Cultural Background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other:

Guardian's Information	
Name	
Address	
Contact Number	

Purpose of Referral / Issues Identified / What this Young Person Needs	
Personal Factors	Social, Cultural and/or Community Factors
<input type="checkbox"/> Poor self-esteem	<input type="checkbox"/> Bullying
<input type="checkbox"/> Need for social contact	<input type="checkbox"/> Family conflict
<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Conflict with police/security officers
<input type="checkbox"/> Anger/violent behaviour	<input type="checkbox"/> Homelessness or risk of
<input type="checkbox"/> Motivation/general attitude	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Truancy/not participating in training or work	<input type="checkbox"/> Substance use/abuse issues

Provide any Other Information

Referral Information

Referrer's Name	
Position	
People Aware of Referral	
Date of Referral	

Please complete and return to:

Team Leader
24-28 Gregory Street
PO Box 50 Geraldton WA 6531
Tel: 0429 020 235
Website: www.ngala.com.au
Email: Ssss@ngala.com.au

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