SINGLETON COUNCIL
12-14 Queen Street Singleton NSW 2230
PO Box 314 Singleton NSW 2330
ABN 52 877 492 396
T 02 6578 7290
F 02 6572 4197
E council@singleton.nsw.gov.au
W singleton.nsw.gov.au

SINGLETON YOUTH SERVICES CASE MANAGEMENT REFERRAL

1. Referral Details

Date of Referral		Young person consent	☐ Yes ☐ No	Signed	

2. Applicant Details

Young person's name				Date of Birth	
Postal Address					
Suburb		State		Post code	
Contact phone number		Mobile number			
Email address					
Country of Birth					
Main Language Spoken					
☐ ATSI		☐ CALD			

3. Parent / Guardian Details

Name 1				☐ Parent ☐ Guardian	
Date of Birth					
Postal Address					
Suburb		State		Post code	
Contact phone number		Mobile number			
Email address					
Country of Birth					
Name 2				☐ Parent ☐ Guardian	
Date of Birth					
Postal Address					
Suburb		State		Post code	
Contact phone number		Mobile number			
Email address					
Country of Birth					

4. Referrer's Details

Referrers name		Position			
Organisation					
Postal Address					
Suburb		State		Post code	
Contact phone number		Mobile number			

Email address	

5. Reasons for Referral

(Please include any health concerns, medications, physical/sensory/intellectual disabilities or any diagnosed mental health conditions. Please advise of any needs, requirements or specific issues (e.g. custodial matters, anger management, and triggers) regarding the young person. Please attach more pages if required.

How to Lodge your Application

The referral can be lodged in person or electronically (email: youthvenue@singleton.nsw.gov.au). Please contact our Youth Venue if you have any enquiries (02) 6578 7290.