

CONFIDENTIALITY

All information recorded in this document is solely for the use of the NETschool Coordinator to manage the potential intake of a young person into the NETschool program. Upon receipt of this form, the Coordinator will contact the applicant and their carer to arrange an initial meeting at NETschool. The purpose of the meeting is to determine the suitability of the candidate for NETschool and further discuss their possible application.

Completion of this form does not guarantee a place at NETschool.



Please use CAPITAL letters when filling in SECTIONS 1, 2, 3 & 4

SECTION 1: Applicant's details

Date of referral



D	D	M	M	Y	Y	Y	Y
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Given Name:																																
Family Name:																																
Gender:	M	F	Date of birth:	D	D	M	M	Y	Y	Y	Y	Age today:	Years and...		Months																	

Address:																																
Suburb:																									Post code:							
Land line 																	Mobile 															

School last enrolled at:																																
Last Year Level completed:	Y	Y	Y	Y	Number of months since last attended school full time:																											

SECTION 2: Carer details

First Name:																																
Surname:																																
Land line 																	Mobile 															
Email:																																
Relationship to Learner:																																

SECTION 3: Referee

Name of Referee:																																
Organisation:																																
Position:																																
Email:																																
Discussion with NETschool	Y	N	Student and care r aware of referra	Y	N																											

Risk factors contributing to the student's disengagement from school

- Mental health
 Physical health
 Family/housing
 Substance abuse
 Pregnancy
 Indigenous
 Learning Relationships with...
 School/teachers, or
 Peers

