

**PART A – To be completed by the eligible young person**

**Note:** Part A must be completed by the eligible young person for information sharing. If the participant is under 16 years of age, their legal guardian should complete it.

Tick this box if you are self-referring without the support of a *Referral Agency* and proceed to **PART C**.

If the *Referral Agency* staff member completing the form is an *Authorised Officer*, DO NOT complete **PART C**.

**Name:**

**Date of birth:**

**Phone:**

**Email:**

**Assistance with completing this form**

- If you have previously been on a **Youth Justice Order** and are no longer managed by a youth justice case worker, you can email a copy of your referral form with **PART A** completed and signed to [youthaccessinitiativeeligibility@justice.vic.gov.au](mailto:youthaccessinitiativeeligibility@justice.vic.gov.au) to have your eligibility confirmed. By signing and sending the form to the Department of Justice and Community Safety (DJCS) you're consenting to your personal information regarding any previous youth justice history being shared with the Department of Jobs, Skills, Industry and Regions (DJSIR) and the enrolling training provider for the purpose of accessing the tuition fee-waiver.
- If you've previously been on a **Child Protection Order** and are no longer engaged with a child protection service, please contact the **leaving care hotline** on: **1300 532 846** or email: [leavingcare@mcm.org.au](mailto:leavingcare@mcm.org.au) for assistance in authorising eligibility for the Youth Access Initiative.

**Privacy statement:**

I \_\_\_\_\_, consent to the information provided on this form being shared between **Referral Agencies, Authorised Officers, DJSIR, DJCS, Department of Families, Fairness and Housing (DFFH)** and **Training Providers** for the purpose of assessing my eligibility to the tuition fee-waiver under the Youth Access Initiative.

Signed:

Date:

**PART B – To be completed by the Referral Agency (not to be completed if you are self-referring)****Name of Referring Agency:**

Is the Referral Agency staff member an **Authorised Officer** (see definition) ? ☐ YES ☐ NO

Print Name of Referring Agency Staff:

I confirm that the young person described in Part A (tick all the appropriate boxes):

- ☐ is currently 24 years of age or under; and
- ☐ 'has been' or is 'currently on' a **Child Protection Order** or a **Youth Justice Order (but is not currently in custody)**; or
- ☐ is a young person who has participated or is participating in the Children's Court Youth Diversion Service; or
- ☐ is a young person who is a part of the Unaccompanied Minor Humanitarian program; or
- ☐ is an **Education First Youth Foyer** resident; and
- ☐ wants to enrol in suitable government subsidised training at an appropriate training provider as described in the **Youth Access Initiative Guidebook**.

Signed:

Date:

Phone / Mobile:

Email:

**PART C – To be completed by an “Authorised Officer” from one of the following:**

- the Department of Families, Fairness and Housing (DFFH)
- the Department of Justice and Community Safety (DJCS)
- an Education First Youth Foyer

**If PART B is completed by an Authorised Officer, DO NOT complete PART C.**

I confirm that the young person described in Part A (tick all the appropriate boxes):

☐ will be 24 years of age or under; and☐ 'has been' or is 'currently on' a Child Protection Order or a Youth Justice Order, (but is not currently in custody);  
OR☐ is an Education First Youth Foyer resident; and☐ wants to enrol in suitable government subsidised training at an appropriate training provider as described in the Youth Access Initiative: Guidebook.

Name of staff member:

Position:

Name of the Department:

Division:

Branch / Unit:

Signed:

Date:

Phone / Mobile:

Email:

**PART D – To be completed by a representative of the enrolling Training Provider**☐ The young person is eligible to enrol in government subsidised training under Skills First and has been enrolled in a suitable course.☐ The eligible young person has been granted a waiver of their student tuition fees under the Youth Access Initiative.

Enrolling training provider must keep the ORIGINAL referral form and give a COPY to the enrolling young person and Referral Agency (where applicable).

Name of the Training Provider:

Address of the Training Provider:

TOID:

Course Code:

Course Name:

Course Start Date:

Expected Course End Date:

Contact Name:

Phone / Mobile: