YMCA We build strong PEOPLE strong FAMILIES strong COMMUNITIES

Referral Form Mirnutharntu Maya

Details of Person Making Referral - *If making 'Self Referal' leave this section blank*			
Name:		Organisation:	
Position:		Contact Number:	
Relationship to applicant:			

Details of Applicant:				
Surname:			First Name:	
Gender: Male/ Female	Date of Birth:		Contact Number:	
Address:				
Email:				
Aboriginal:	Yes / No	Torres Strait Islander:		Yes / No
Current Accommodation:	Rental ☐ Staying with Family ☐ No Fixed Address ☐ Work Camp ☐ Other *(give detail)*: _____			

Employer or Training Details – Cross Box							
Apprenticeship:		Traineeship:		Tafe:		Other RTO:	
Employer Name:							
Training Organisation Name:							
Supervisor Name:			Contact Number:				

Referee Contact Details:	
Referee Name 1:	
Referee Contact Number 1:	
Referee Name 2:	
Referee Contact number 2:	

Emergency Contact Details:			
Emergency Contact Name 1:			
Emergency Contact Number 1:		Relationship:	
Emergency Contact Name 2:			
Emergency Contact Number 2:		Relationship:	

Office Use Only: Please Do Not Fill In		
Name of Contact Staff Member:		
Position Title:	Date Referral Form Received:	
Acknowledgement Letter Mailed: ☐ Date: _____ Phone Contact Made: ☐ Date: _____ Email Reply (with receipt) Sent: ☐ Date: _____		
Applicant Reply Received	Yes ☐ No ☐	
Date of Intake Interview Confirmed:	Yes ☐ No ☐ Date: _____	