



## U-TURN REFERRAL FORM

### Instructions for completing this form

This form consists of three sections:

- Section A is to be completed by the Referral Organisation in conjunction with the Candidate;
- Section B is an assessment of the Candidate's suitability for the program to be completed by the Referral Organisation;
- Section C is a set of questions for the Candidate to answer; and
- Section D is a **Release of information** form

### Returning the form

When completed, please return *all* sections of the form to:

U-Turn Administration  
2 Station Street  
Moonah 7009  
Fax: (03) 6228 5494  
Email: [clennette@missionaustralia.com.au](mailto:clennette@missionaustralia.com.au)

### Information for the Candidate

The information collected in this form will be used to determine your eligibility for the U Turn program and for other purposes related to the administration and evaluation of the program. If you choose to withhold some personal information, decisions will be based on the information provided.

The information you provide may also be disclosed to Tasmanian Government agencies concerned with youth detention centres, youth justice, prisons, community corrections, police and public safety for the purposes of a **Criminal History Check**; and other organisations providing services to young people. It may also be disclosed to the evaluation consultants engaged to evaluate the program.

In delivering the U-Turn program, Mission Australia is required to comply with the *Privacy Act 1988* which is designed to safeguard your personal information. The Information Privacy Principles specified in the Act must be followed by those agencies and organisations involved in the U-Turn program when collecting, using and disclosing information about you.

If you have any complaints about the way in which your personal information is being handled you should approach the relevant organisation, in the first instance, and then you may wish to take the matter up with the Office of the Federal Privacy Commissioner on the Privacy Hotline 1300 363 992 or by visiting the website on [www.privacy.gov.au](http://www.privacy.gov.au).

# SECTION A

This section to be completed Referral Organisation together with the Candidate

## Referral Organisation

Date of Referral

Referral Organisation

Contact Person

Address

Suburb

Postcode

Phone

Fax

Email

Is another service providing support to the young person Y / N  
*e.g. Child welfare/Youth Justice/Interagency support panel/other*

Name of support agency  
Worker name  
Ph.

Has Candidate signed 'release of information' Y / N

Please provide a copy or complete attached form

## Candidate's Details

Name

Address

Suburb

Postcode

Phone

Mobile

Alternate contact e.g. Family member in case of emergency

Name

Phone contact

Relationship to Client

Gender Male  Female

Age

DOB

Aboriginal/TSI /other cultural identity Yes  No  Don't know

Candidate's living situation *e.g. living with friends/family/parent/shelter/foster care etc* Living with...

How stable would you say the candidate's living situation is? *Stable / fairly stable / unstable / not sure*

Is the candidate in a parenting role? Yes  No  Don't know.

Level of education completed *e.g. year 8 etc*

Currently studying - *e.g. year 9, etc*

Not currently studying at this time

## Health

Does the Candidate have any medical condition which may affect his/her ability to participate in any of the program components? Yes  No

*If yes, please provide details*

## SECTION B

This section is to be completed by the Referral Organisation

### Eligibility Criteria

Please indicate which of the following eligibility criteria the Candidate meets by ticking in the relevant space provided. The Candidate's suitability for the program will be determined according to these criteria and the assessment interview conducted by U-Turn personnel.

ESSENTIAL		YES	Likely	Doubtful	NO
1	Aged 15-20 years	<input type="checkbox"/>			<input type="checkbox"/>
2	Identified as having participated in vehicle theft , or at risk of participating in vehicle theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Willing to participate and cooperate with program involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Prepared to sign a contract to enter into the program and comply with the code of behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Has an interest in automotive training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Capable of operating machinery in compliance with occupational health and safety requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Likely to be able to complete the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DESIRABLE		YES	Unsure	NO	
8	Has access to transport (including public transport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The following questions are designed to try and identify the Candidate's criminogenic risks and needs.

### Offending History

Does the Candidate have a history of involvement in motor vehicle theft?      Yes          No   

Does the Candidate have a history of involvement in other types of crime?      Yes          No   

If the Candidate has a history of involvement in motor vehicle theft and/or other types of crime, please provide an overview of the Candidate's offending history.

### Risk Management

Are there any particular risk management issues (e.g. anger management issues, mental health issues, drug/alcohol dependence) associated with the Candidate?

Please provide further details

## SECTION C

**These questions are for the Candidate (workers please do not coach young person; the answers should be their own).**

What you will be doing at U-Turn

- At U Turn you will spend 5 weeks in the panel beating workshop and during this time you will make jack stands to take home and do panel beating, sanding and spray painting.
- You will spend 5 weeks in the mechanical workshop working on the Go-Karts, engine repairs and pulling a car to pieces (dependent on having a car to pull apart).
- You will be learning about Occupational Health and Safety and other things about working in a car repair environment.
- You will be able to try to get your CERTIFICATE 1 AUTOMOTIVE and we'll help you with your reading and writing too.
- We expect you to be ready to start work at 9 AM and finish at 3 PM Tuesday to Thursday and On Friday we will take you Go Karting (dependent on the weather).

1) Why would you like to do the U-Turn program?

2) What is your favourite car?

3) What would you do to make it go better?

4) Are you willing to work on your offending behaviour?

5) We will interview you to make sure that U Turn is right for you. Are you happy to have one of our workers meet you for about 1 hour?

## SECTION D

This section is to be completed by the Candidate with the support of their Referral Organisation.

### Release of information Consent form

I, (name) .....

Of (address) ..... hereby consent to Mission Australia's

U Turn program sharing information with the referral agencies listed below for the purposes of supporting me to participate in the U Turn program.

Permission to do so is limited from today until the date I complete the U Turn Program and the 24 month support period following the program or (insert date) / /20 .

The agencies included in this consent form are Mission Australia, the Referral agency, the Emergency contact person named in Section B and (*list agencies*)...

.....

Today's date / /20

Signed

Candidate Name .....

Candidate Signature.....

Witness Name .....

Witness Signature.....