

ABOUT THE EDUCATION JUSTICE INITIATIVE

Background:

The Victorian Government's Education Justice Initiative (EJI) is a program run by the Department of Education and Training (DET) and supported by the Children's Court of Victoria. It re/connects young people appearing before the Criminal Division of the Children's Court with supported educational pathways that suit their needs and interests.

EJI Eligibility

EJI is available to:

- young people who are 10–17 years of age; and
- who currently have a matter before the Criminal Division of a Children's Court in an area listed in the table below, or any Koori Children's Court.

Referral Process

Upon receipt of a referral, EJI will work with the young person and their family or support person and / or case worker, to link with the most appropriate school or education provider.

The information provided on this form may be disclosed to the school, other education providers or other parts of the Department of Education to support the young person's enrolment and to ensure the young person can be appropriately supported with their educational pathway. If we are unable to get all the information we need, it may make it difficult for us to provide the most effective support.

Information collected by EJI will be stored securely on DET systems. Only authorised personnel will have access to this information.

Referring to EJI

EJI accepts referrals from:

- Young people and their families
- Magistrates
- Victoria Police
- The Department of Justice and Regulation (e.g. Youth Justice and Children's Court Youth Diversion Service)
- The Department of Health and Human Services (e.g. Child Protection)
- Other relevant support services the young person may be involved with (e.g. youth workers, drug and alcohol services, housing services)
- Legal representatives
- Past schools or training providers
- Other Department of Education staff

When EJI receives a referral, we may need to discuss the young person's case with those bodies or people listed above. This might involve disclosing information obtained through this form to those bodies or people. We may also need to provide feedback on a young person's progress

with their educational pathway. This may involve the disclosure of information provided in this form to any of the persons or bodies mentioned above (for example, information provided upon request to the Department of Justice and Regulation or the courts).

To make a referral to EJI:

If you know of a young person who meets the eligibility criteria who is interested in receiving support from EJI, please discuss the referral with them/their family/carer and complete the attached referral form, to the best of your ability. Please ensure the child (if the child is a mature minor), or the child's parent or legal guardian (in any other case), has read, understood and signed this form.

Please submit the referral form directly to the appropriate EJI court representative detailed below.

Children's Courts serviced by EJI and staff contact details

<p>Melbourne* and Ballarat</p> <p>E: oliver.butt@education.vic.gov.au</p> <p>P: 7022 0379 M: 0428 402 284</p> <p>E: Lisa.deSanta-ana@education.vic.gov.au</p> <p>T: 03 7005 1831 M: 0457 540 304</p>	<p>Geelong (non-Koorie young people)</p> <p>E: nathanael.poljak@education.vic.gov.au</p> <p>P: 9194 6340 M: 0447 298 251</p> <p>Geelong* (Koorie young people only)</p> <p>E: joey.chatfield@education.vic.gov.au</p> <p>P: 03 8871 2580 M: 0436 863 071</p>
<p>Warrnambool*, Portland** & Hamilton**</p> <p>E: joey.chatfield@education.vic.gov.au</p> <p>P: 03 8871 2580 M: 0436 863 071</p>	<p>Sunshine, Werribee</p> <p>E: nathanael.poljak@education.vic.gov.au</p> <p>P: 9194 6340 M: 0447 298 251</p>
<p>LaTrobe Valley*, Bairnsdale*, Sale</p> <p>E: stephen.walsh@education.vic.gov.au</p> <p>P: 03 5194 4132 M: 0438 045 477</p>	<p>Dandenong</p> <p>E: kim.kenealy@education.vic.gov.au</p> <p>T: 0477 375 650</p>
<p>Frankston and Moorabbin</p> <p>E: victoria.bramall-white@education.vic.gov.au</p> <p>P: 8766 5717 M: 0436 615 188</p>	<p>Ringwood</p> <p>E: Julia.Chaing@education.vic.gov.au</p> <p>P: 03 7022 0998 M: 0436 692 784</p> <p>E: Jody.Daff@education.vic.gov.au</p> <p>M: 0412 081 846</p>
<p>Mildura*, Swan Hill and Robinvale</p> <p>E: marty.peterson@education.vic.gov.au</p> <p>P: 03 5077 3178 M: 0436 683 660</p>	<p>Bendigo and Heidelberg*</p> <p>E: shona.douglas@education.vic.gov.au</p> <p>P: 03 4433 7509 M: 0429 210 693</p>
<p>Shepparton*, Wodonga and Benalla</p> <p>E: natalie.anderson2@education.vic.gov.au</p> <p>M: 0436 862 360</p>	<p>Broadmeadows</p> <p>E: mark.jessup@education.vic.gov.au</p> <p>M: 0448 613 625</p>
<p>If you are unable to contact your local representative, please email your referral to EJI central office EJI.Referrals@education.vic.gov.au</p>	

*Mainstream Children's Court and Koori Children's Court in the area

**Only Koori Children's Courts

Consent

I have discussed EJI with the young person and they have given their consent for me to share the below information with EJI for the purposes of reconnecting him/her to an educational pathway.

This may include EJI liaising with any agencies/individuals referred to in this form for the purposes of re-engaging him/her into education or training or to disclose information regarding his/her progress in the educational pathway.

Signature of referrer _____

Date: _____

I understand the above information and agree to the use and disclosure of the information provided in this form by EJI, as set out above.

Signature of parent / guardian _____

Signature of young person (if mature minor) _____

Date: _____

Mark this box if the young person, their parent or guardian has provided consent to the use and disclosure of the information provided in this form by EJI but has not signed the form.

Please provide details below as to how the consent was given and the date it was received:

EJI REFERRAL FORM

Date:

Referrer

Name of referrer:	Job Title:
Organisation:	Primary contact number:
Email:	Relationship to young person:

Young person

First Name:	Last Name:
Pronoun:	Preferred Name:
Date of Birth:	Age:
Gender:	Court at which referral is made:

Country of birth:	Aboriginal / Torres Strait Islander: Yes / No / Unknown
Self-identified ethnicity:	Main language spoken at home:
Is English the young person's first language? Yes / No / Unknown	If no, is an interpreter required? Yes / No / Unknown

Does the young person have a diagnosed disability? Yes / No / Unknown If yes, mark all that apply.	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Intellectual disability
	<input type="checkbox"/> Blind/vision impaired	<input type="checkbox"/> Autism spectrum disorder
	<input type="checkbox"/> Deaf / Hearing impaired	<input type="checkbox"/> Severe language disorder
	<input type="checkbox"/> Severe behavioural disorder	<input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown

Is the young person currently on remand? Yes / No If yes, please provide details:		
Primary address:	Suburb and Postcode:	
Contact details (telephone, email, etc.) or way of contacting young person e.g through referrer / family:		
What are the young person's current living arrangements? <i>Note if on remand (above), what are their living arrangements anticipated to be upon release.</i> <i>Please mark as applicable.</i>	<input type="checkbox"/> Living at home with parents/guardians	<input type="checkbox"/> Living independently
	<input type="checkbox"/> Living in a family group home	<input type="checkbox"/> Unstable living arrangements
	<input type="checkbox"/> Living in home-based care	<input type="checkbox"/> Homeless
	<input type="checkbox"/> Living in residential care	<input type="checkbox"/> Other (please specify)_____
Please provide further details as required:		

Parent/Guardian (complete if known)

First Name:	Last Name:
Relationship to young person:	
Home Phone:	Mobile Phone:
Parent/guardian aware of referral? Yes / No / unknown	Parent/guardian supportive of referral? Yes /No / unknown

Care team (complete if applicable)

First Name:	Last Name:
Job Title & Organisation:	
Phone:	Email:

First Name:	Last Name:
Job Title & Organisation:	
Phone:	Email:

First Name:	Last Name:
Job Title & Organisation:	
Phone:	Email:

Educational information (complete if known)

Most recent school/educational setting: <i>(include campus if applicable)</i> :	
Current year level/completed year level:	
How regularly is the young person attending school? When was the last time they attended?	
If there is a member of school staff with whom the young person has a positive relationship, please provide contact details:	
Desired pathway (for example VCAL, VCE):	
Desired school/educational setting (for example mainstream school, FLO, TAFE etc.):	
What are the concerns impacting on the young person's education? (mark all that apply):	
<input type="checkbox"/> Relationships with teachers / staff <input type="checkbox"/> Relationships with students <input type="checkbox"/> Suspension/expulsion <input type="checkbox"/> School refusal <input type="checkbox"/> Truancy/chronic absenteeism <input type="checkbox"/> Lack of family support <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Learning difficulties <input type="checkbox"/> Lack of reasonable adjustments at school <input type="checkbox"/> Mental health issues <input type="checkbox"/> Family Violence <input type="checkbox"/> Alcohol / Drug misuse <input type="checkbox"/> Co-offending/Intervention Order
Please provide details for all marked:	

Please detail any safety concerns for the young person / school environment as well as any support needs the young person may have in the educational environment:

Please provide details / contact information of any other services involved with the young person, which may be relevant to their re/engagement with education: