***SKILLS FIRST* YOUTH ACCESS INITIATIVE: Referral Form**

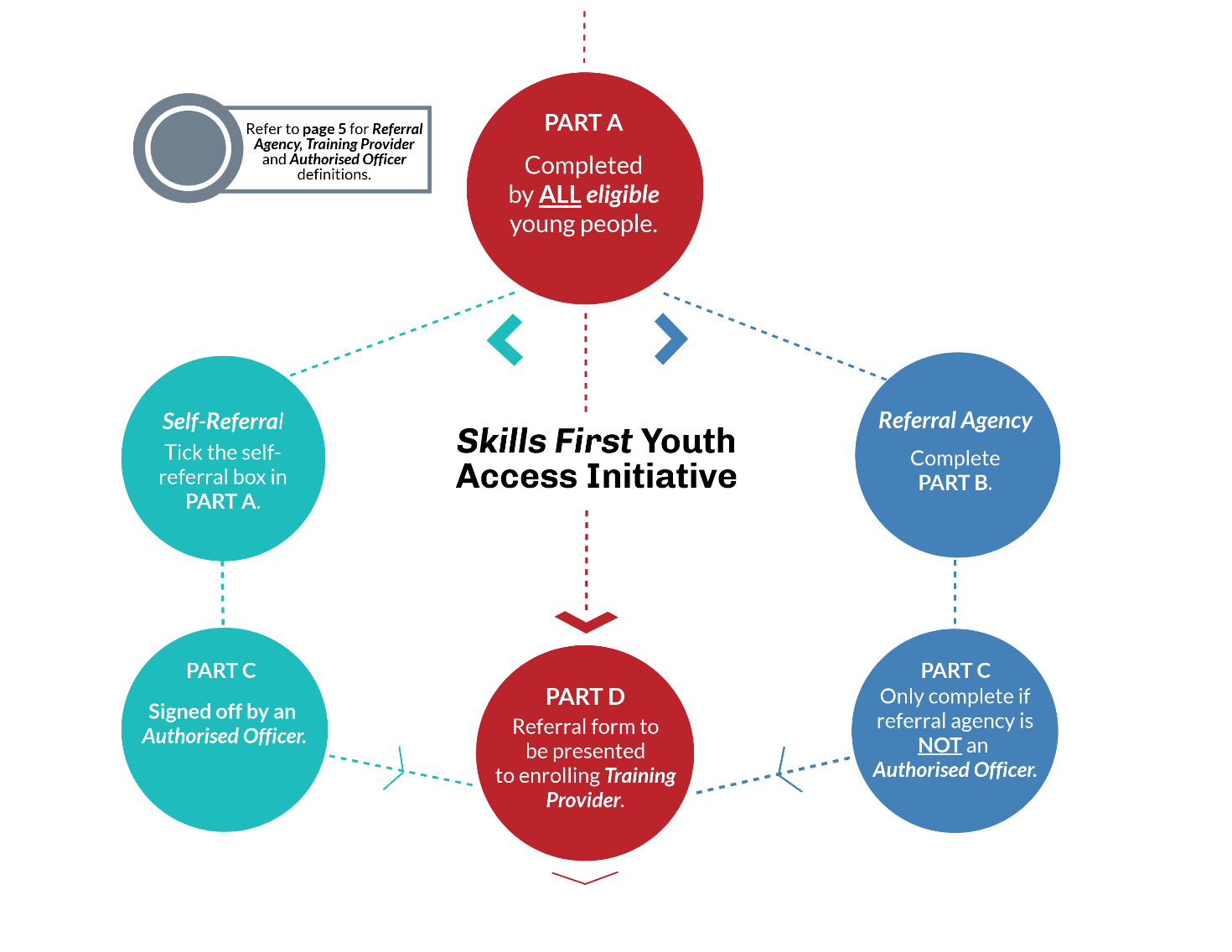
**HELPING bridge the gap between education and disadvantage for young people in victoria**

This Referral Form must be completed in order to a obtain *tuition fee waiver* under the *Skills First* Youth AccessInitiative. Please refer to the ***Skills First* Youth Access Initiative: Guide Book** prior to completing this form. The *Skills First* Youth Access Initiative provides a tuition fee-waiver for Victorian young people undertaking government subsidised accredited training that:

* are 24 years or under at the time of first commencing education and training; and
* have been or currently are on a **Child Protection Order** or a **Youth Justice Order** or**;**
* are an **Education First Youth Foyer** resident.

**Figure 1** outlines the *Skills First* Youth Access Initiativereferral process.

**START**

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**COMPLETE TRAINING**

| Referral Form |
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| PART A – To be completed by the eligible young person |
| Eligible young person’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_\_/\_\_\_\_  Phone / Mobile:\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * **Privacy statement:** If you’ve 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 [youthaccessinitiativeeligibilty@justice.vic.gov.au](mailto:youthaccessinitiativeeligibilty@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 Education and Training (DET) and the enrolling training provider for the purpose of accessing the tuition fee-waiver.   I (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to the information provided on this form being shared between***Referral Agencies, Authorised Officers****,* ***DET, DJCS, DHHS***and***Training Providers***for the purpose of assessing my eligibility to the tuition fee-waiver under the Youth Access Initiative.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  **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 the eligible young person is self-referring without the support of a *Referral Agency* and proceed to **PART C.** |
| **PART B – To be completed by the Referral Agency** |
| If the *Referral Agency* staff member completing the form is an *authorised officer* (see page 5 for definition), **PART C** is not required to be completed.  Name of Referring Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the Referral Agency staff member an ***authorised* officer** (see page 5 for definition)? YES / NO  Print Name of Referring Agency Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I confirm that the young person described in Part A (tick all the appropriate boxes):   will be 24 years or under when first commencing education and training;   *‘has been’* or is *‘currently on’* a **Child Protection Order** or a **Youth Justice Order**; OR   is an **Education First Youth Foyer** resident; and   is eligible for government-subsidised accredited training; and   will enrol in a suitable accredited government subsidised course at an appropriate training provider as described in the*Skills First* Youth Access Initiative: **Guide Book.**  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ /\_\_\_\_\_\_/\_\_\_\_\_\_  Phone / Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PART C – To be completed by an *“authorised officer”* from one of the following:**   * **the Department of Health and Human Services (DHHS)** * **the Department of Justice and Community Safety (DJCS)** * **the Department of Education and Training (DET); or** * **Education First Youth Foyer** |
| If **PART B** is completed by an *authorised officer*, **PART C** is not required to be completed***.***   * **Privacy statement:** If you’ve 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 [youthaccessinitiativeeligibilty@justice.vic.gov.au](mailto:youthaccessinitiativeeligibilty@justice.vic.gov.au) to have your eligibility confirmed. By signing and sending the form to the DJCS you’re approving to your personal information regarding any previous youth justice history being shared with DET 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. * I confirm that the young person described in **PART A** is eligible for the *Skills First* Youth Access Initiative and for government subsidised training.   Name of staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of the Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch / Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  Phone / Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PART D – To be completed by the enrolling Training Provider** |
| * The eligible young person has been assessed to have met the course requirements and has been enrolled in a suitable course under the *Skills First* 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**IMPORTANT MATTERS TO NOTE**

**Referral Agency**

Any organisation based in Victoria that currently receives funding from or is contracted by the Victorian or Federal Government to provide services to children, young people and/or families can act as a Referral Agency for the *Skills First* Youth Access Initiative and support the eligible young person in completing the Referral Form and enrolling in a suitable course. All Referral Agencies are required to retain a **COPY** of this Referral Form for audit purposes.

**Authorised Officers**

Authorised Officers can sign off on the eligibility of a young person for the *Skills First* Youth Access Initiative. These include Post-Care Support staff, Education First Youth Foyer authorised staff, Youth Justice case managers, central DJCS authorised staff, Parkville College authorised transition staff and authorised DET managers.

**Training Providers**

*Skills First* contracted Training Providers must **NOT** charge eligible Youth Access Initiative young people any tuition fees for government subsidised accredited training. Training Providers are required to retain the **ORIGINAL** Referral Form for audit purposes, and return a copy to the relevant Referral Agency and the enrolling student. The Training Provider will receive a contribution from DET for the tuition fee-waiver under the *Skills First* Youth Access Initiative.

The Training Provider must report all training delivered to the eligible young person under the *Skills First* Youth Access Initiative in accordance with the reporting requirements outlined in the **Victorian VET Student Statistical Collection Guidelines**.In particular, using the relevantFee Exemption/Concession Type Identifier using their Student Management System as follows:

**Fee Exemption / Concession Type Identifier: E**

Use the code **‘E’** for individuals enrolled under the *Skills First* Youth Access Initiative (where the student **HOLDS** a current Health Care Card)

**Fee Exemption / Concession Type Identifier: I**

Use the code **‘I’** for individuals enrolled under the *Skills First* Youth Access Initiative (where the student **DOES NOT** hold a current Health Care Card).