

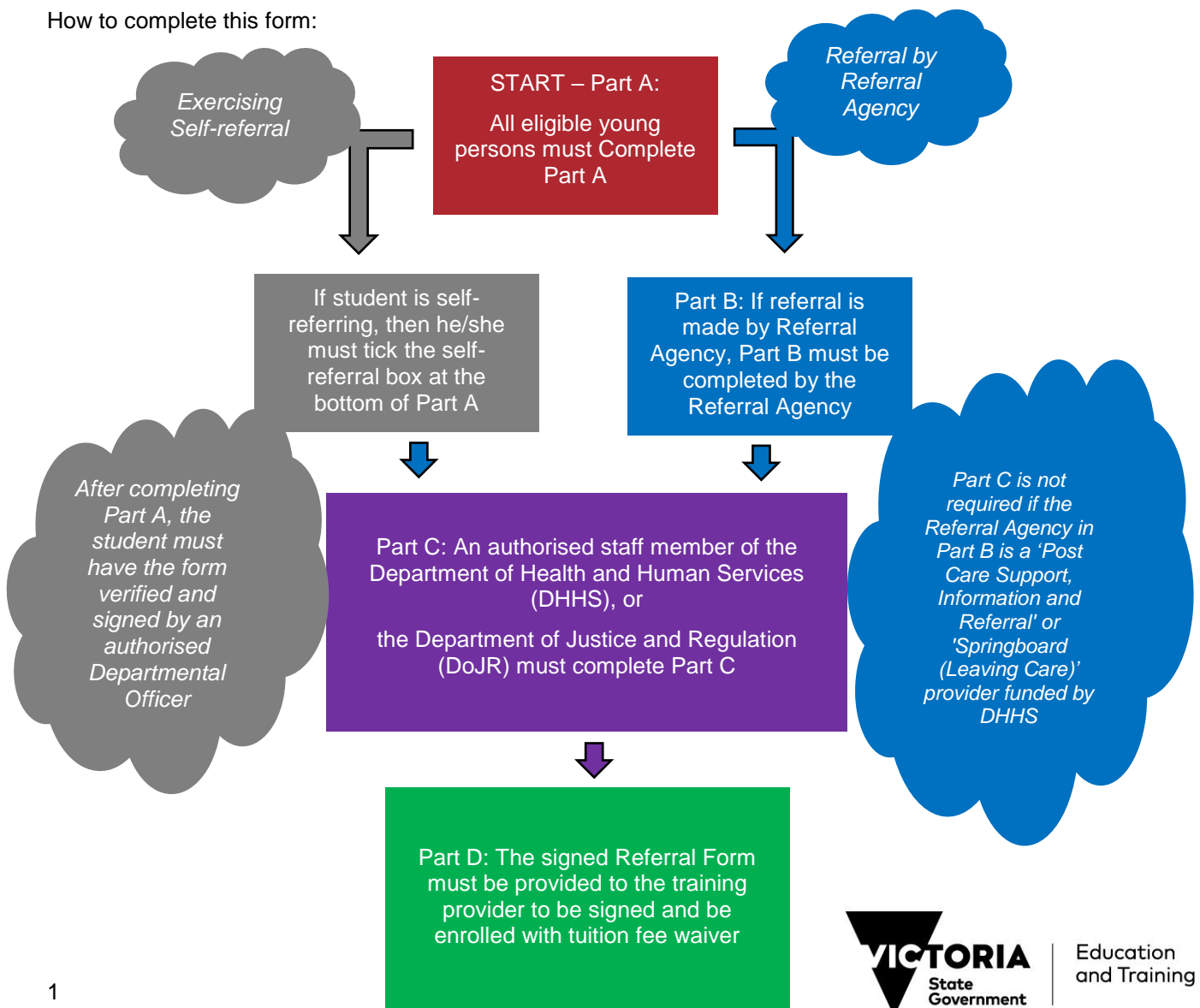
SKILLS FIRST YOUTH ACCESS INITIATIVE: Referral Form

HELPING YOUNG PEOPLE IMPACTED BY CHILD PROTECTION & YOUTH JUSTICE ORDERS PARTICIPATE IN EDUCATION & TRAINING

This Referral Form must be completed in order to obtain **“tuition fee waiver”** under the *Skills First Youth Access Initiative*. Please refer to the **Skills First Youth Access Initiative: Guide Book** prior to completing this form. The *Skills First Youth Access Initiative* provides tuition fee waiver for undertaking government subsidised accredited training to young person who is:

- under 22 years as at 01 January in the year of first commencing education and training; and
- *‘has been’* or *‘currently on’* a **Child Protection Order** or a **Youth Justice Order**.

How to complete this form:



IMPORTANT MATTERS TO NOTE

Records Keeping

The training providers are required to retain the **ORIGINAL** Referral Form for audit purposes.

All Referral Agencies including the 'Post Care Support, Information and Referral' or 'Springboard (Leaving Care)' provider funded by the Department of Health and Human Services (DHHS), DHHS and the Department of Justice and Regulation (DoJR) are required to retain a **COPY** of this Referral Form for audit purposes.

Referral Agency

Any organisation based in Victoria that currently receive funding from or contracted by the Victorian Government or the Federal Government to provide services to children, youth 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 enrol in a suitable course.

Authorised Officer

Where the Referral Agency is **NOT** a '**Post Care Support, Information and Referral**' or '**Springboard (Leaving Care)**' provider funded by DHHS, Part C of the Referral Form needs to be completed by an "authorised officer" from DHHS or DoJR.

Training Providers

Referrals under the *Skills First Youth Access Initiative* must not be charged any tuition fee for government subsidised training. The training provider must retain the original Referral Form, and return a copy to the relevant Referral Agency and the eligible young person. The training provider will receive a contribution from the Department of Education and Training (DET) as a result of tuition fee waiver for an eligible young person under the *Skills First Youth Access Initiative* in accordance with Schedule 1 of the **2018-19 Standard VET Funding Contract**.

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 relevant Fee 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).

PART A – To be completed by the eligible young person

Eligible Young Person's Name: _____ DOB: / /

Phone / Mobile _____ Email: _____

The information on this Referral Form is being collected for the purpose of giving you access to training in accordance with the Skills First Youth Access Initiative. The information on this form may be shared between the Department of Health and Human Services (DHHS), referring 'Post Care Support, Information and Referral' or 'Springboard (Leaving Care)' provider, or the Department of Justice and Regulation (DoJR), the Department of Education and Training (DET) and the training provider.

Print Name: _____

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 is a 'Post Care Support, Information and Referral' or Springboard (Leaving Care)' provider funded by DHHS, PART C is not required to be completed).

Name of Referring Agency _____

Is the Referral Agency a **'Post Care Support, Information and Referral' or 'Springboard (Leaving Care)' provider funded by DHHS?** YES / NO (please circle)

Print Name of Case Manager / Support Worker: _____

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

- is under 22 years as at 01 January in the year of first commencing education and training;
- 'has been' or 'currently on' a Child Protection Order or a Youth Justice Order;**
- is eligible for government-subsidised 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 staff member” at one of the following Departments:

- the Department of Health and Human Services (DHHS); or
- the Department of Justice and Regulation (DoJR).

If the Referral Agency in PART B is a ‘Post Care Support, Information and Referral’ or ‘Springboard (Leaving Care)’ provider funded by DHHS, PART C is not required to be completed).

I confirm that the young person described in Part A is eligible for the *Skills First Youth Access Initiative* and for government subsidised training.

Print Name of Staff: _____ Position: _____

Name of the Department: _____

Division: _____ Branch / Unit: _____

Signed: _____ Date: / /

Phone / Mobile _____ Email: _____

PART D – To be completed by the 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*.

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: _____

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