

Marist180 Support for Vocational Education and Training (VET) Students Program

REFERRAL FORM: SUPPORT FOR VET STUDENTS (SVS)

PART A: Eligibility for SVS

Step 1: To be considered eligible for SVS, potential clients must meet certain criteria. Please tick yes or no to the following questions:

1. Is the student aged between 17 to 24 years old	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the student currently enrolled in a VET course (Certificate 1 to Diploma level) – this must be a post school qualification *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the student an Australian citizen, or permanent resident, or hold a temporary protection visa	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Will the student be completing their VET qualification by May 2019	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is the student at risk is not completing their qualification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Note: This can include trainees and apprentices (not a school based program) subject to completion date*

If you answered any question from **1 to 5** with a **no** then the student is **not** eligible.

If you answered **yes** to questions **1 to 5** please continue.

Step 2: To complete eligibility assessment criteria by Marist180, please tick all relevant boxes that may apply to the student:

<input type="checkbox"/> Limited social/support network <input type="checkbox"/> Complex mental health issues or needs <input type="checkbox"/> Unstable accommodation and/or household circumstances <input type="checkbox"/> Financial difficulties – including potential loss of part time work <input type="checkbox"/> Family violence <input type="checkbox"/> Family conflict or dysfunction <input type="checkbox"/> Low-socio economic status <input type="checkbox"/> Irregular attendance / participation in VET sessions <input type="checkbox"/> Sudden drop in academic performance / output <input type="checkbox"/> Inappropriate presentation at classes / work	<input type="checkbox"/> Acute health crisis <input type="checkbox"/> Intergenerational unemployment <input type="checkbox"/> AOD issues <input type="checkbox"/> Contact with youth justice system <input type="checkbox"/> Carer/parenting responsibilities overwhelming their study commitments <input type="checkbox"/> Inadequate transportation or other means of accessing education <input type="checkbox"/> Low level s of language, literacy or numeracy <input type="checkbox"/> Repeated unexplained absence / lack of contact with VET provider <input type="checkbox"/> Formal assessment by medical practitioner/ allied health professional or other relevant professional <input type="checkbox"/> Pregnancy
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PART B: Student Details

Name: _____

Address: _____

Mobile: _____ Email: _____

Date of Birth: _____ Age: _____

USI Number: _____ CRN: _____

Number of Dependent Children (if relevant): _____

Please list age of each child:

PART C: Details of VET Enrolment

Qualification / Course
Name: _____

Name of Certificate
(AQF Level): _____

Name of VET Provider: _____

Date of Enrolment: _____

Estimated End Date: _____

Other relevant details regarding this VET program:

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PART D: Student's Consent

I, _____ have been informed of the referral being made to the SVS Program on my behalf. I consent to the sharing of relevant information between the Referrer, Marist180 (Program Coordinator, Case Workers) to determine my eligibility for SVS Program.

Signature of Student: _____ Date: _____

PART E: Referrer's Acknowledgement

Please briefly explain your view of why this student would benefit from participating in SVS.

I understand that making this referral will *not* automatically result in the student being accepted into SVS Brisbane and that the SVS Program Coordinator will determine the student's suitability.

A response from Marist180 on the students acceptance/non acceptance into the SVS program will be provided back to the referral agency and student within two business days from receipt of the application. A detailed intake assessment will be undertaken on acceptance. I have explained this to the client.

Signature of Referrer: _____ Date: _____

Name of Referrer: _____

Name of Agency: _____

Address: _____

Contact Number: _____ Email: _____

Please forward you referrals to the SVS Program by email or contacting SVS Case Workers directly via mobile.

Mia Cousens
Case Worker
M 0428 319 479
E Mia.cousens@m180.org.au

Andrew Price
Case Worker
M 0425 265 063
E Andrew.price@m180.org.au

Alternatively appointments can be made to meet with a case worker at the M180 office at:
Unit 11/97 Castlemaine Street ,Milton, QLD 4064