THE GIRLS REFUGE
OUTREACH REFERRAL

Date:

Full Name

DOB

Address

Gender

Pronouns

Aborginal and Torres Strait Islander Origin

☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

Engagement Information

School Name:

Year Level:

Key School Contact:

Best days/ times for engagement:

Reasons for Referral:

Parental/Guardian Consent

If the young person is under the age of 16 parental consent is required for outreach support.

Has Parental/Guardian Consent been obtained? Yes ☐ No ☐

Parent/Guardian Name:

Mobile Number:

Email Address

Please email referral to info@girlsrefuge.org.au