



ST JOSEPH'S
Catholic Flexible Learning Centre
ALICE SPRINGS
A Catholic School in the Edmund Rice Tradition
A Member of the EREA Oscar Romero Flexi Schools Network

St Joseph's Catholic Flexible Learning Centre
A CATHOLIC SCHOOL IN THE EDMUND RICE TRADITION
ALICE SPRINGS

YOUNG PERSON ENROLMENT FORM

Referral Details

Referred by: _____ (e.g. Agency, Service, Family, Self)

Referrer's Name: _____

Referrer's Contact no: _____

Referrer's email: _____

Young Persons Personal Details

Given name/s: _____ Middle name/s: _____

Surname on Birth Certificate: _____ Birth Certificate Provided

Preferred Given name: _____

Preferred Surname: _____

Gender: Female Male Other

Date of Birth _____ Age _____

Young Person's Mobile: _____

Young Persons email: _____

Living Independently: Yes No

Young Persons Religion: Catholic Other Christian Non-Christian No Religion or Religion Unknown

Identity

Does the young person identify as being of Aboriginal or Torres Strait Islander Origin:

Aboriginal Torres Strait Islander Other

(For persons of both Aboriginal and Torres Strait Islander origin, tick both)

Country of Birth: _____ Australian Citizen: Yes No

Is English a second Language (ESL): Yes No

Does the young person speak a language other than English at Home: Yes No

Main language at Home: _____

Previous School Details for Young Person Enrolling

Is the Young Person currently attending school? Yes No

If **YES**

Name of School: _____

Current Grade: _____

If **NO**

Last School Attended: _____

Month/Year when stopped attending Previous school: Month _____ Year _____

Grade: _____

Reason for Leaving: _____

- **PLEASE PROVIDE PREVIOUS SCHOOL REPORT**

Young Persons Living Arrangements *(note where and who the young person is currently living)*

1: Parent/Guardian/Carer details *(responsible adult for day to day care)*

Name: _____

Relationship to the Young Person: _____

Address: _____

Suburb: _____ State: _____ Post code: _____

Mobile Phone: _____ Email: _____

Responsible for parenting: Yes No

Lives with the young person: Yes No

Receive school reports: Yes No

Contact in an emergency? Yes No

- If this person is not an Emergency Contact please provide details over the page.

2: Parent/Guardian/Carer details *(responsible adult for day to day care)*

Name: _____

Relationship to the Young Person: _____

Address: _____

Suburb: _____ State: _____ Post code: _____

Mobile Phone: _____ Email: _____

Responsible for parenting: Yes No

Lives with the young person: Yes No

Receive school reports: Yes No
Contact in an emergency? Yes No

- If this person is not an Emergency Contact please provide details below.

EMERGENCY CONTACT

Same as above Yes No

If not the same as above please provide emergency contact details below:

Name: _____

Relationship to the Young Person: _____

Address: _____

Suburb: _____ State: _____ Post code: _____

Mobile Phone: _____ Email: _____

STUDENT BACKGROUND

Mother/Parent 1

Given name/s: _____ Surname: _____

Religion: _____

LOTE: _____

What is the highest year of primary or secondary school completed:

- | | |
|--|--|
| <input type="checkbox"/> Primary | <input type="checkbox"/> Year 8 or equivalent |
| <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 12 or equivalent |

Non School Education: _____

Occupation group: _____

Father/Parent 2

Given name/s: _____ Surname: _____

Religion: _____

LOTE: _____

What is the highest year of primary or secondary school completed:

- | | |
|--|--|
| <input type="checkbox"/> Primary | <input type="checkbox"/> Year 8 or equivalent |
| <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 12 or equivalent |

Non School Education: _____

Occupation group: _____

LOTE: Language other than English

School Education:

- 0 - Not stated/unknown
- 1 - Year 9 or equivalent or below
- 2 - Year 10 or equivalent
- 3 - Year 11 or equivalent
- 4 - year 12 or equivalent

Non School Education:

- 0 - Not stated/unknown
- 5 - Certificate 1 – IV (including Trade Certificate
- 6 - Advanced certificate/Diploma
- 7 - Bachelor degree or above
- 8 - No non-school qualification

Occupation Group

- 1 - Senior Management in large business organization, government administration and defence and qualified professionals
- 2 - Other business managers, arts/media/sports persons, and associate professionals
- 3 - Tradesmen/women, clerks and skilled office, sales and service staff
- 4 - Machine operators, hospitality staff, assistants, labourers and related workers
- 8 - Out of employed work for 12 months or more (if less use previous occupation group)
- 9 - Unknown

Care of State Details

YP is known to or has been/is in care of the Child Safety Services (e.g. Foster Care, under child protection orders)

Yes No Comments: _____

If Yes:

Is the YP currently in care of Child Safety ? Yes No

Please tick which of the following applies

Child Protection Orders Intervention with parental agreement
 Foster Care Out of home care Kinship Self placed

Comments: _____

Name of Care Agency: _____

Case Agency Case Manager

Name: _____ Contact: _____

Child Safety Officer

Name: _____ Contact: _____

Youth Justice

Youth Justice Involvement Yes No

Current Orders Yes No

If yes give detail: _____

Youth Justice Case Worker

Name: _____

Contact: _____

Other Agency Involvement

Please list the organisations or services that the young person is involved with and provide details as requested below.

Service Name	Time with Service (Months/ Years)	Frequency and Type of Support	Contact Person	Phone Number

Issues Experienced by the Young Person

Medical/Wellbeing:

Medical Dietary requirements Yes No

Please List: _____

Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder (ADD/ADHD) Yes No

Comment: _____

Behavioural Concerns including diagnosed disorder e.g., conduct disorder, oppositional defiant disorder Yes No

Comment: _____

Diagnosed Disability e.g., Intellectual impairment, Autistic Spectrum Disorder (includes Asperges),
Speech Language Impairment

Yes No

Comment: _____

Diagnosed Sensory Impairment e.g., Hearing, Visual, Physical Impairment

Yes No

Comment: _____

Mental Health Concerns e.g., anxiety, depression, self- harm, repeated suicidal thoughts

Yes No

Comment: _____

Substance Abuse Does the Student have any issues with illicit drug use or alcohol use? Will going without cause issues?

Yes No

Comment: _____

Fears and Phobias Does the Student have any fears, phobias or is prone to being overly
anxious e.g. water, spiders, dark?

Yes No

Other Issues Does the Student have any other issues (not have been identified elsewhere) that may
Impair their ability to participate in the program safely? e.g. including but not limited to social problems, risk
taking behaviour

Yes No

Health:

List any other Medical Conditions

Provide Medical Action Plans for relevant conditions ie: asthma, epilepsy, diabetes etc

Yes No

Student suffers from food or other Allergies

Yes No

Does the student use or require and Epi pen for these Allergies

Yes No

Provide a print out of Immunisation schedule (This can be obtained from My Gov or Congress)

Yes No

List all current Medication that the Student has been prescribed

Indicate if the following can be administered at school ie: Paracetamol (Panadol), Ibrufen (Nurafen) Yes No

NOTE: A maximum of 1 dose ,as directed by the product manufacturer , will be administered on any school day.

MEDICARE CARD:			
Colour:		Number:	
Expiry:		Position Number:	
Family Doctor Name:			
Practice Name:			
Practice Phone Number:			

Educational:

Please Tick if Applicable

Disengaged or is at risk of disengaging from education, training e.g. poor/non attendance at school, suspensions, exclusion.

Comment: _____

Language Barriers e.g. difficulty understanding/using English

Comment: _____

Learning Difficulties e.g. difficulty with reading or maths

Comment: _____

Social/Family:

Accommodation Issues e.g. unstable accommodation, multiple moves

Comment: _____

Family relationship Issues e.g. poor relationship with parent/carer

Comment: _____

Difficulty accessing services and social supports e.g. has/none/few social supports, does not access services

Comment: _____

Special Circumstance & Other Relevant Information

Are there any special circumstance surrounding the young person's enrolment?

Any other Relevant information:

