



## Referral form to attend the Balunu Foundation Healing Program

Name of Young Person		Aboriginal Yes / No
DOB and Age	/ / and yrs	or Torres Strait Islander Yes / No
<input type="radio"/> Male	<input type="radio"/> Female	Other _____
Residential?/Postal? Address		
Reason for Referral		
Parental / Carer Details		

## 2) Further Information

*Please keep comments brief, if pertinent reports are available attach to the document.*

Referral agency	
Case manager (and contact no.)	
Family situation	
Services provided by referral agency to date	
Contact with Criminal Justice or NTFC (previously known as FACS)	
Risk factors for Young Person / Family.	
Other known agencies involved	
OH&S issues for staff	

## 3) Intervention

The Youth Camp programs' aim to provide youth rehabilitation camps and mentoring to young people aged 12 to 17 years who are suffering from various forms of social challenges and are in need of personal support to overcome these challenges.

Some of the Youth Camp Programs' objectives include:

- Building self esteem and confidence, coping skills and problem solving skills;

## Balunu Foundation Healing Program

- Increasing young people's awareness of options available to them;
- Encouraging re-engagement with education and youth services targeting improved life pathways for participants and stopping anti-social and criminal activities;
- Improving young people's team work and leadership skills;
- Encouraging young people to develop achievable goals and aspirations;
- Providing the opportunity for young people to engage in fun recreational/educational activities which promote healthy lifestyles;
- Provide an environment that is culturally safe;
- Promoting community connectedness, Cultural reconnection and improving family and community well being;
- Implementing activities that strengthen young people which enable them to have greater life and employment opportunities.

Please list specifics -

Issues of concern		
Objectives to be addressed by a Youth Camp Program		
Family contact		
Outcomes to be achieved		
Special requirements (medical, dietary, cultural)	(any MEDICATIONS?)	Has the young person had a Health Check Recently?
Other professionals / agencies to be involved in the Youth Camp program. i.e. therapeutic / counselling		

## 4) Participant

Is the participant willing to participate in the Balunu 6 day Healing Program	Yes / No
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- Does the young person know that the referral has been made? Yes / No
- Is the young person's parent / carer willing to sign a consent form giving permission for the young person to attend a Youth Camp? Yes / No
- When is the young person available to attend the Youth Camp? (*provide dates*) \_\_\_\_\_
- **All Referral forms must be submitted three weeks prior to camp for referrals to be accepted;**

Youth Healing Camp Dates 2015	Camps	Referral Cut off Dates 2014
April 2015	TBA	

Please forward this referral form to Balunu Foundation

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