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| Outdoor Explore:  Bush Adventure Programs Participant Referral Form |  |

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| **Youth Development Bush Adventure Programs (Single day and sequential community-based programs)**   * Please complete the form below to register a young person’s interest in our Youth Development Bush Adventure Programs. Programs may have a recreational purpose and be once-off such as holiday programs or be more enriching such as our sequential community-based programs. * All information gathered will be handled in accordance with MYST’s Privacy Policy. Please note that we will only store referral information about young persons that end up participating in the program. * After receiving the information we’ll make contact to discuss if the program is able to provide your young person with the best possible experience. We’ll also chat about safety, and how we can ensure the program is safe and inclusive for everyone that attends. | |
| **Referrer Details** | |
| Referrer Name: | Click or tap here to enter text. |
| Relationship/role to the young person: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| What program are you registering for: | Click or tap here to enter text. |
| Reason for referral: | Click or tap here to enter text. |
| How did you find out about the program: | Click or tap here to enter text. |
| **Primary Carer Information**  *(If Primary Carer is the Referrer, you can skip this section)* | |
| Primary Carer Name: | Click or tap here to enter text. |
| Relationship to the young person: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

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| **Young Person’s details**  (These questions are worded as if we are asking the young person themselves, if possible, we encourage the young person to participate in completing this section.) | | | |
| Young Person’s Name: | Click or tap here to enter text. | | |
| Preferred name: | Click or tap here to enter text. | | |
| Current living situation/residential address: | Click or tap here to enter text. | | |
| Date of Birth: | Click or tap here to enter text. | Age: | Click or tap here to enter text. |
| Pronouns I Use: | Choose an item. | | |
| Do you identify as Aboriginal or Torres Strait Islander? | Yes  / No  Prefer not to say  *Consider how important it is to you that we are aware of your culture and embrace it in the program?* | | |
| Is English your first language? | Yes  / No | | |
| Do you have a diagnosed Disability? | Yes  / No Click or tap here to enter text. | | |
| Do you have a Mental health diagnosis | Yes  / No  Click or tap here to enter text. | | |
| Do you have any other medical or health diagnosis that might impact your participation in the program? (E.g., asthma, allergies, epilepsy, diabetes, previous injuries) | Yes  / No  *Selecting yes does not mean you can’t be a part of the program, it means- lets work together to see if we can make it safe.*  Click or tap here to enter text. | | |
| Do you have a behaviour management plan? | Yes  / No  (If yes, please attach) | | |
| **About The Young Person**  These next questions are addressed to the young person too, where possible, we encourage the young person to participate in completing this section.  Answering these questions will help us to determine if this adventure is the right type of service for you. What you share will help us to understand you, so we can give you the best possible experience and provide you with the right support to keep you and others, safe and comfortable.  We respect that talking about yourself and some subjects might be difficult, so we have kept it to one page and tried to include yes/no questions where possible. We intend to follow up with you to discuss the program in more detail. | | | |

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| What do you see as your strengths? *Example: I like to try new things. I am a trustworthy friend. I am good at building things.* Click or tap here to enter text. |
| What worries might you have about participating in an adventure program? *Example: I have anxiety, so I’m worried about talking in front of others. I can’t walk very far because I have a physical disability.* Click or tap here to enter text. |
| How easy is it for you to calm down when something angers or upsets you? (please check box)  Very Easy  Easy  Medium  Hard  Very hard  It depends |
| Do you have strategies or techniques you use to calm yourself?  Yes  / No |
| Have you had a traumatic experience that might affect you in the program?  Yes  / No |
| Have you participated in any risky or harmful behaviours to yourself or others? Such as self-harm, suicide, substance misuse, violence towards others or animals.  Yes  / No |
| Are you using a safety plan or strategies to assist with any triggers or potential concerns?  Yes  / No |
| Is there anything that might stop you from attending the program?  Yes  / No |
| Is there anything specific you would like us to know about you? Click or tap here to enter text. |

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| **Consent to Collect Personal Information**  MYST only collects personal information required to enable it to provide services to its clients.  MYST will manage personal information provided in accordance its Privacy and Confidentiality Policy developed in line with relevant legislation. | |
| I Participant name give MYST my consent to hold the information contained in this form for the purpose of providing a service to me. | As the primary carer for print Participant name,  I print Parent/Guardian name give MYST consent to hold the information contained in this form for the purpose of providing a service to the participant named above. |
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Thank you for taking the time to complete this form and for registering your interest. We will be in touch to chat in more detail about the program. Please return this form via email to [outdoorexplore@myst.com.au](mailto:outdoorexplore@myst.com.au) or drop it off at MYST in Springwood or Katoomba!