

# Support for Young People Program Support for Young Families Program

## Initial Readiness Form

This form has three purposes. First and most importantly, it helps us to work out how ready you are to join our program, how you will fit with other people within the program and how you would suit living at one of our properties. We also want to know how motivated you are, what your strengths are and what challenges you think you may have. We will weigh them up to see if this program is for you. Second we are using it for program evaluation to work out if our program is effective and who it works best for. Third it will help us with future planning.

Before you complete this form please fill in the **informed consent** on the back page of the form.

Date received

Date reviewed

### Personal details

Given name

Family name

■ Date of birth / / Age

Gender

Address

Phone

Email

■ Country of birth

Preferred language

How would you describe your current residency status?

- Australian
- Permanent resident
- Temporary resident *(please explain)*
- Other *(please specify)*

Your sexuality and gender orientation is a personal matter so of course you don't have to answer, this question is entirely optional.

- Do you identify as
- Straight
  - Gay
  - Transgender
  - Queer
  - Lesbian
  - Bisexual
  - Intersex
  - Rather not say

Cultural background

Are you of Aboriginal or Torres Strait Islander origin?

- Aboriginal
- Torres Strait Islander
- Both
- Neither

## Talents and dreams

When you were younger, what did you always want to be when you grew up?

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What are you good at? *Please describe*

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Are there any skills or talents that you have that you could share with others?

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What do you like doing with your time?

*This answer could include your hobbies like sports, art, music or other interests like having good relationships with friends etc.*

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What are your dreams for the future?

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Where do you want to be in 5 years?

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## Education and training

- Which one of these options would you say most closely describes your motivation to get involved in education or training?

**Please tick one box only**

- 1** I have no interest in education/training
- 2** I have not thought about education/training recently, but I am open to it
- 3** I am thinking about education/training, but have not looked into it yet
- 4** I am motivated; I really want to get into education/training soon
- 5** I am so motivated that I am already in education/training

Please give an example of something you have done/been involved in that tells us something about your interest in education/training?

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What skills or strengths do you have that would help you in your learning?

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If you are currently enrolled in education or training please provide details of the course including the following details:

Where you are undertaking the course/attending school \_\_\_\_\_

Title of the course/ school year \_\_\_\_\_

And the level that you are studying this at. *Please tick one of the following*

- Secondary school student
- Vocational education and training
- University student
- Other training and education
- Don't know
- Not applicable

## Employment

- Which one of these options would you say most closely describes your motivation to get involved in employment?

**Please tick one box only**

- 1 I don't mind being unemployed
- 2 I have thought about getting a job/volunteer work but I never seem to do anything to make it happen
- 3 I would like a job/volunteer work and this is something I would like to work towards
- 4 I have had a job/volunteer position in the past and I would love to find another
- 5 I already have a job/volunteer position and working is something that I value

Please give an example of something you have done/been involved in that tells us something about your motivation to participate in employment or volunteering? Tell us about a job you have had, or some volunteering, work experience or any efforts you've made to get work. *(For example, look up jobs online, talk to possible employers)*

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If you are currently employed please tell us the following about this job:

Job title .....

Place of employment .....

Hours per week that you work .....

## Participation (getting involved)

- Which one of these options would you say most closely describes your motivation to get involved?

**Please tick one box only**

- 1 I have no interest in getting involved in community activities, or groups
- 2 It is not something I have thought about, but I would consider this
- 3 I am starting to think that I would like to get more involved in activities/groups
- 4 I am keen to get involved in activities/groups
- 5 I am already involved in groups/community activities

Can you give an example of something you were involved in or would like to get involved in?

*This could be sports, things you do with others, online communities etc.*

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## Relationships

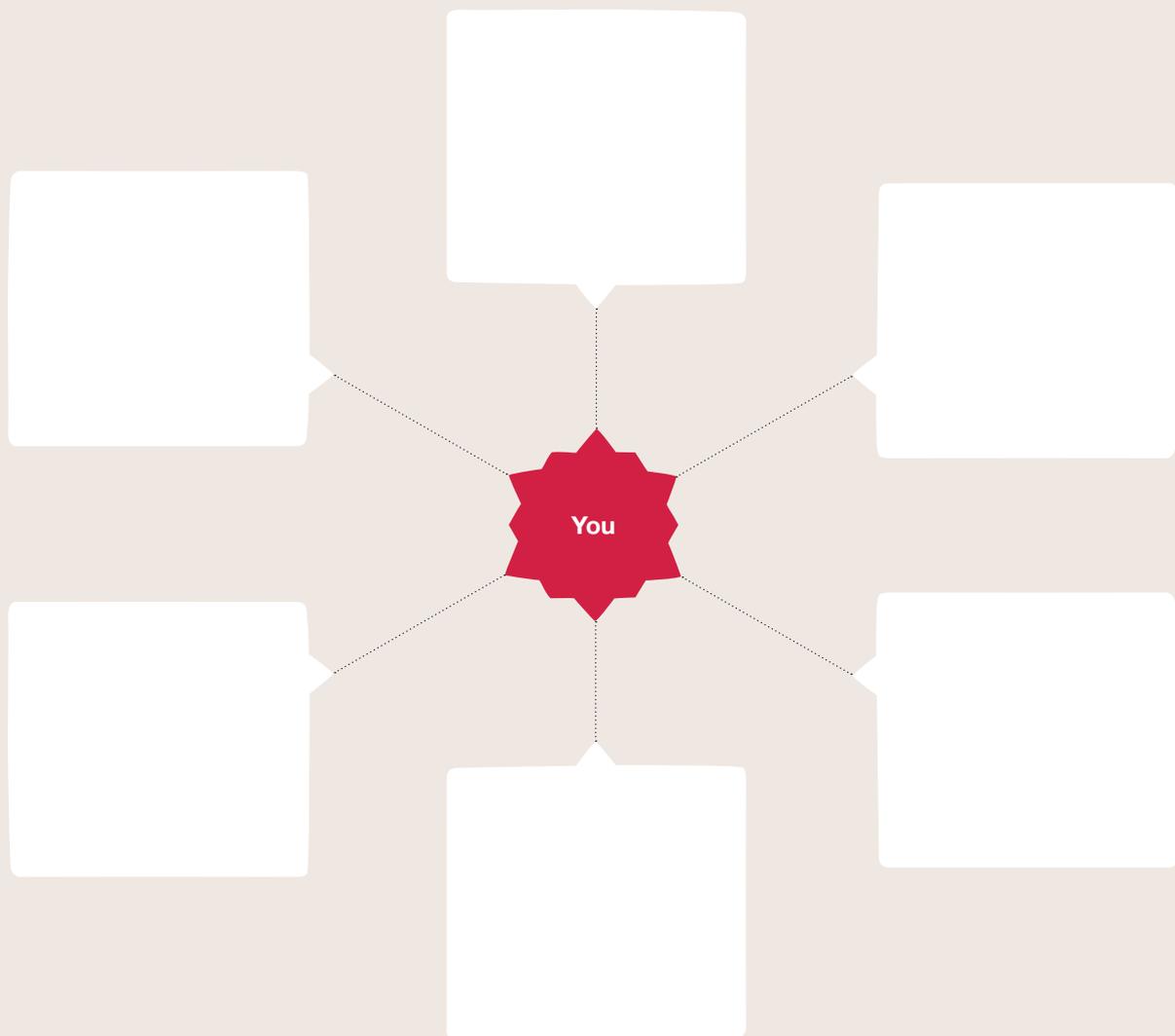
Are you in a relationship?  Yes  No  It's complicated

Do you have any children?  Yes  No

If so can you give us some details?

Name	Age	Gender	Child's living arrangements

▲ Please tell us who the important people in your life are right now. Who are the people you rely on?



## Independent living

▲ Please tick the answer that describes you best.

**Please tick one box only**

**How often do you cook lunch or dinner?**

- Every day
- Once or several times a week
- Once or several times a month
- Once or several times a year
- Never

**How often do you run into money problems?**

- All the time
- Often
- Sometimes
- Rarely
- Never

**How confident do you feel about using computers?**

- Extremely confident
- Very confident
- Moderately confident
- A little confident
- Not confident

**How confident do you feel about being able to live with others?**

- Extremely confident
- Very confident
- Moderately confident
- A little confident
- Not confident

**How confident do you feel about getting involved in groups and social activities?**

- Extremely confident
- Very confident
- Moderately confident
- A little confident
- Not confident

**How confident do you feel about being able to keep your living space clean?**

- Extremely confident
- Very confident
- Moderately confident
- A little confident
- Not confident

Please tell us anything else you would like us to know to about your living skills:

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Please tell us about any living skills that you would like to work on:

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## Dealing with conflict

▲ Which of these statements sounds most like you?

**Please tick one box only**

**When someone really annoys me;**

- 1 I walk away from the argument to cool down
- 2 I shout and yell at the person and then make up
- 3 I hold a grudge and make sure that I make them feel uncomfortable any time I am around them
- 4 I get really angry in the moment and sometimes punch the person, which I regret later
- 5 I punch or hit the person; I think they deserve it

■ Do you have a history of serious violent or aggressive behaviour?  Yes  No

How do you think your behaviour is seen by others?

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## Mental & emotional wellbeing

Have you had any concerns around your mental health?  Yes  No

If yes, please tell us a bit more about this:

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Have you ever been diagnosed with a mental health issue?  Yes  No

If yes, please tell us what the diagnosis was and a little bit more about it:

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■▲ If you answered yes to having a mental health diagnosis, can you tell us how you manage this? (Examples may include talking to a professional, safety plans, medications, self-care strategies or other.) Would you like further support with this?

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## Health

Please tell us about any physical health issues you may have:

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Do you have a disability that will impact on your ability to live independently or participate in this program?

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## Drugs and alcohol

Do you use drugs/alcohol?  Yes  No

Have you used drugs/alcohol in the past?  Yes  No

■▲ Please list the type of drugs/alcohol that you use	How often do you use this drug/drink alcohol?	How much do you use/drink at a time? (estimate if unsure)	For how long have you been using this drug/drinking alcohol at this level?

■▲ Is your drug and/or alcohol use a problem for you? If yes, how do you manage it? *Examples may include counselling, getting support from an agency, safety plans, harm reduction strategies, prior rehabilitation supports, medications, self care strategies or other.*

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Do you feel you would like further support with managing your drug and/or alcohol use?

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## Money management

Please tell us what income you currently receive:

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Have you ever had a problem with gambling?

Yes

No

If yes, please tell us a bit more about the above:

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## Legal

■ Do you have any previous serious conviction or charge with an offence involving arson, violence, drug trafficking, or incidents of a sexual nature?

Yes

No

Do you currently have any legal issues that you are dealing with?

Yes

No

If yes, please tell us a bit more about the above:

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■ Do you currently have any charges that you are facing?

Yes

No

If yes, please tell us a bit more about that and if you are likely to go to youth detention or prison due to these charges:

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Have you ever been in a prison or youth detention centre?

Yes

No

If yes, please tell us a bit more about this like when this was, how long for and for what:

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## Community connections

What groups, services or organizations are you involved with?

Worker name	Agency	Phone	Email	Role

Source of this referral *(if this applies)*

Name of organisation	Name of worker
Address	How long have you known this person?
Phone number	Role

Please tell us the details of someone we can contact to talk about the information you have given in this form.  
*(This might be the same person as above)*

Name of organisation <i>(if applicable)</i>	
Name of referee	
Address	How long have you known this person?
Phone number	How do you know this person?

Please also give us details for someone we can contact about your educational background/pathway.

Name of organisation <i>(if applicable)</i>	
Name of referee	
Address	How long have you known this person?
Phone number	How do you know this person?

## Informed consent

I understand that the information in this form will be shared with an assessment panel (including staff from Anchor Inc and Box Hill TAFE).  Yes  No

**I give consent for the information to be used to assess my readiness**  Yes  No

**I give my consent for the Anchor Inc Youth Development Worker to contact my referees and any other nominated relevant organisation provided on this application.**  Yes  No

I understand the purposes of this readiness form  Yes  No

I understand that the information collected will be used for program evaluation  Yes  No

I understand that the information that I give for program evaluation purposes that may make me identifiable (for example, my name, address) will NOT be included in any reports related to the evaluation.  Yes  No

**I consent for the information that I give in this form to be used for program evaluation purposes**  Yes  No

*(Note if you do not consent to this it will not alter your chances of gaining a place in the Support for Young People/Support for Young Families Program.)*

I understand that I can withdraw my consent for the use of this form for evaluation, planning and evaluation at any time  Yes  No

## Young person's consent

My worker/practitioner has discussed with me how, and why certain information about me may need to be provided to other service providers. I understand the recommendations and I give my permission for the information to be shared as detailed above.

Signed \_\_\_\_\_ Date     /     / \_\_\_\_\_  
*(Young Person or Authorised representative)*

Signed \_\_\_\_\_ Worker name \_\_\_\_\_  
*(Worker)*

Position \_\_\_\_\_ Organisation \_\_\_\_\_

**If you have any questions please contact Support For Young People/Support For Young Families Program**

Anchor Inc

**e** ydsreferral@anchor.org.au

**t** 9738 7003

**Note** Form subject to review March 2020