

Initial Readiness Form

This form will help us to work out how ready you are to join the Lilydale Youth Foyer program, how you will fit with other people in the program, and how life at Nelson Road (Foyer) would suit you.

We also want to know how motivated you are, what your strengths are and what challenges you think you may have. We will use your answers to help you and the Foyer team decide if the Lilydale Youth Foyer is for you.

We are also using this information for program evaluation to work out if the program is effective, as well as helping us make improvements and plan for future use.

Personal details

Given name:		Surname:	
Date of birth:	Age:	Gender:	Pronouns:
Address:			
Email:		Phone:	
Country of birth:		Preferred language:	

How would you describe your current residency status?

- Australian
- Permanent resident
- Temporary resident (provide more info):
- Other (please specify:)

Are you of Aboriginal and/or Torres Strait Islander origin?

- Aboriginal
- Torres Strait Islander
- Both
- Neither
- Prefer not to say

Is there anything about your identity you would like to share?

Initial readiness form

Emergency contact details

Name:
Phone number:
Relationship:

Talents & Dreams

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

What are you good at?

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

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.

What are your dreams for the future?

Where do you want to be in 5 years?



Learning & Education

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.**

- I have no interest in education/training
- I have not thought about education/training recently, but I am open to it
- I am thinking about education/training, but have not looked into it yet
- I am motivated; I really want to get into education/training soon
- 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?

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

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:
What level of study is this:

Employment & Enterprise Skills

Which one of these options would you say most closely describes your motivation to get involved in employment? **Please tick one box only.**

- I am not interested or able to look for work right now
- I have thought about getting a job/volunteer work but have not done anything to make it happen
- I would like a job/volunteer work and this is something I would like to work towards
- I have had a job/volunteer position in the past and I would love to find another
- 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.

This could be a job you have had, some volunteering you've done, work experience or any efforts you've made to get work. (For example, look up jobs online, talk to possible employers)

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

Job title:
Place of employment:
Hours per week that you work:

Do you receive any income support?

- Newstart Allowance
- Youth Allowance
- ABSTUDY
- Disability Support Pension
- JobSeeker

Other:

If known, what is your Centrelink Reference Number (CRN):

--

Participation (getting involved)

Which one of these options would you say most closely describes your motivation to get involved?
Please tick one box only.

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

Social Connections

- Are you in a relationship? Yes No It's complicated
- Do you have any children? Yes No

If so, could you provide their details?

Child's name	Age	Gender	Child's living arrangements

Initial readiness form

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



Housing

Thinking about the different places you have lived or stayed in over the last 12 months, how much time have you spent in the following. Please tick one for each row.

Type of accommodation	Not in the last 12 months	Less than 1 month	1-3 months	3-6 months	6-12 months
In your own place (either rental, owned or were buying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In your parent's or relatives home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At a friend's house or couch surfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a boarding house or hostel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In foster care, residential care or kinship care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping rough (ie in a park, tent, train station etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In emergency or crisis accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a youth justice service including youth detention centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other place you have lived (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you lived in your current address?

Who are you living with?

Please tell us the reason why you left your last accommodation:

.....

.....

.....

Initial readiness form

Are you able to live at home?

- Yes No

In no, what is the main reason you can't live at home?

What personal strengths or strategies have helped you while you haven't had secure housing?

Living Skills

Please tick the answer that describes you best.

How confident are you in cooking meals for yourself?

- Very confident
 Somewhat confident
 Not very confident
 I've never cooked for myself

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

- Very confident
 Somewhat confident
 Not very confident
 I've never cooked for myself

How often do you run into money problems?

- All the time
 Often
 Sometimes
 Rarely

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

- Very confident
 Somewhat confident
 Not very confident
 I rarely get involved in groups and activities

Initial readiness form

How confident are you in your ability to attend to your personal hygiene? *(including showering, washing clothes, changing bed sheets etc)*

- Very confident
- Somewhat confident
- Not confident
- I rarely do those things

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

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

Dealing With Conflict

Which of these statements sounds most like you?

When someone really annoys me:

- I walk away from the argument to cool down
- I shout and yell at the person and then make up
- I hold a grudge and make them feel uncomfortable any time I am around them
- I get really angry in the moment and hit the person, which I regret later
- I hit or hurt the person if I think they deserve it

Do you have a history of serious violent or aggressive behaviour?

- Yes
- No

What do you need from others to feel safe?

Health & Wellbeing

Have you had any concerns around your mental health?

- Yes No

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

.....
.....
.....

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:

.....
.....
.....

In the last 6 months, have you self-harmed? Yes No

In the last 6 months, have you attempted suicide? Yes No

Do you currently access a Funding Package from the NDIS? Yes No

If yes, name the organisation you are connected to:	
Support coordinator name:	
Support coordinator contact details:	

Initial readiness form

If you answered yes to any of the above mental health questions, can you tell us how you manage this? (Examples may include talking to a professional, safety plans, medications, self-care strategies or other.)

Do you need further support with your mental health? What kind of support would help?

Please note that some of the Lilydale Youth Foyer units are two storey and have only stairs for access. Please let us know if this causes concerns for you.

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

Do you have a disability that will impact on your ability to live independently or participate in the Lilydale Youth Foyer?

Yes No

Please tell us about any limitations you have and what kinds of support you might require.

Drugs & Alcohol

Do you use drugs/alcohol? Yes No

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

What kind of drug/alcohol do you use?	How often do you use this drug/alcohol?	How much do you use at a time?	For how long have you been using this drug/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.

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

Money Management

Please tell us what income you currently receive:

Have you had a problem with gambling? Yes No

If yes, please tell us a bit more:

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:

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:

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:

Community Connections

What other services or organisations do you receive support from?

Service name	Contact name	Role	Phone	Email

Source of this referral (if this applies)

Name of organisation:		Name of worker:	
Address:			
How long have you known this person?			
Contact details:			

Please tell us the details of someone we can contact to talk about the information you have given in this form. (Leave blank if this is same person as above).

Name of organisation:		Name of referee:	
Address:			
How do you know this person?			
Contact details:			

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

Name of organisation:		Name of referee:	
Address:			
How do you know this person?			
Contact details:			

Initial readiness form

Informed consent

I understand that the information in this form will be shared with an assessment panel (including staff from Anchor and Box Hill TAFE).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent for the information to be used to assess my readiness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand and give my consent for the Anchor Youth Development Worker to contact my referees and any other nominated relevant organisation provided on this application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand and give consent that the information collected will be used for program evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that I can withdraw my consent for the use of this form for evaluation, planning and evaluation at any time	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

<p>X</p> <hr/> <p>To be signed by Young Person</p>		<p>Date / /</p>
Worker name:		
<p>X</p> <hr/> <p>To be signed by worker or referrer</p>		<p>Date / /</p>
Organisation/position:		