

WOMEN'S JUSTICE NETWORK

MY WAY Mentoring Program Referral

Prevent disadvantaged female youth from entering the criminal justice system.

PLEASE ENSURE ALL ENTRIES ARE COMPLETED

Date of referral: _____

Client (Young Person)

Client Full Name: _____

Preferred Name: _____

DOB: __/__/____

Gender:

Female

Intersex

Cultural Background: _____

Program Eligibility:

Client must answer yes to all

At risk of custodial sentence

Voluntarily seeking support

Living in Sydney Metropolitan or inner

west of Sydney

Aged 14-25

Current Living Situation:

Home with biological parent/s

Home of relative

Residential Care

Transitional Care

Homeless

Other Please specify:

School Attendance:

Regular

Infrequent

Not engaging

Client Information

In your view why is this person at risk of being affected by the criminal justice system?

How would this person benefit from a mentor:

Referrer Details:

Name: _____

Organisation: _____

Position: _____

Phone: _____

Email: _____

Is the person aware this referral is being made?

Yes

No

Please fax the completed form to (02) 8011 0690 or email
youth@wjn.net.au