

*Learn + Flourish = Grow*

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Application Form

PART 1: Agency

CONFIDENTIAL

Applicant’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application form is to be completed in three parts:

Part 1: completed by agency/school

Part 2: completed by family/guardian

Part 3: completed by young person

What Flourish program is being applied for? (see youthflourish.org.)

 □ Adventure Based Youth Work starting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

 □ NDIS Adventures starting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

 □ Camp/holiday program starting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)

 □ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART 1: Agency/School Referral

This page was completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name and relationship to young person)

What is your perception of the young person’s strengths?

How would you rate the young person’s general experience of school/family/community?

What are their main challenges/difficulties?

What has been tried to resolve or manage these issues, and did it work?

What would you like the young person to get out of the Flourish program?

If the young person was accepted on to a program, what strategies and support can be provided after the program?

Why This Young Person Will Benefit from the Flourish Program:

Priority 1

Priority 2

Priority 3

**CYW Adverse Childhood Experiences Questionnaire Teen (ACE-Q) Teen (modified)**

CYW ACE-Q Teen (13-19 yo) © Center for Youth Wellness 2015

**Section 1. At any point since the young person was born…**

□ Their parents or guardians were separated or divorced

□ They lived with a household member who served time in jail or prison

□ They lived with a household member who was depressed, mentally ill or attempted suicide

□ They saw or heard household members hurt or threaten to hurt each other

□ A household member swore at, insulted, humiliated, or used put downs in a way that scared them OR a household member acted in a way that made them afraid that s/he might be physically hurt

□ Someone touched their private parts or asked them to touch that person’s private parts in a sexual way that was unwanted, against their will, or made them feel uncomfortable

□ More than once, they went without food, clothing, a place to live, or had no one to protect her/him

□ Someone pushed, grabbed, slapped or threw something at them OR they were hit so hard that they were injured or had marks

□ They lived with someone who had a problem with drinking or using drugs

□ They often felt unsupported, unloved and/or unprotected

**Section 2. At any point since they were born…**

□ They were in foster care

□ They experienced harassment or bullying at school

□ They lived with a parent or guardian who died

□ They were separated from her/his primary caregiver by government action

□ They had a serious medical procedure or life-threatening illness

□ They often saw or heard violence in the neighbourhood or in her/his school neighbourhood

□ They were detained, arrested or incarcerated

□ They were often treated badly because of race, sexual orientation, place of birth, disability or religion

□ They experienced verbal or physical abuse or threats from a romantic partner (boyfriend or girlfriend)

**Specific Concerns that may Influence the Young Persons Suitability**

1 Has this young person been diagnosed with any of the following:

|  |  |
| --- | --- |
| Borderline PersonalityConduct DisorderOppositional DefianceEating DisorderPosttraumatic Stress | Autism SpectrumPsychosisDissociationSchizophreniaBipolar |

 Yes □ No □

2 Has this young person been convicted or cautioned by Police, expelled from school or within the last 18 months been involved in violence or cruelty? Yes □ No □

3 Has this young person been assaulted in any way in the last 18 months?

 Yes □ No □

4 Has this young person ever been sexually assaulted or witnessed violent crimes? first hand? Yes □ No □

5 Is there anyone else being referred who will be a problem for this young person?

 Yes □ No □

6 Is secure attachment to a primary caregiver a problem for this young person?

 Yes □ No □

If you answered ‘Yes’ to any question above, a conversation about this will need to take place. Flourish programs can be stressful and involve physical and emotional hardship. The above issues may require specific actions and precautions to keep this young person safe.

‘Specific Concerns’ completed by (name):

Professional relationship to this young person:

Phone: Email: