

STREAT Youth Programs Application Form

Hi there!

We're glad you have decided to apply for a course at STREAT. This application form asks a range of questions about you and your situation. This is so we can work out what it is we need to do to support you and so work effectively with other people who might be helping you.

We don't judge you on your past. As far as we are concerned, a young person is full of potential. We want to help you create a better future!

We also use this information (without your name or any other identifying details) for program monitoring and evaluation to make sure our programs are as effective as possible.

It's fine to have a worker or family member help you fill this form in, but make sure they are **your** answers!

There is a consent form on the back page of this form – please read this first so you understand what does and doesn't happen with your information.

Your details

| | | | |
|---|---|-------------------------------|----------------------------------|
| Today's date | _____ | | |
| Given name | _____ | Family name | _____ |
| Date of birth | _____ | Gender | _____ |
| Address | _____ | | |
| Suburb | _____ | Postcode | _____ |
| Home phone | _____ | Mobile | _____ |
| Email | _____ | | _____ |
| Country of birth | _____ | Preferred language | _____ |
| Are you of Aboriginal or Torres Strait Islander origin? | | | |
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> Both | <input type="checkbox"/> Neither |
| CRN | _____ | JSID | _____ |

Which STREAT program are you applying for?

| | | |
|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Taster | <input type="checkbox"/> Entrée | <input type="checkbox"/> Main Course (need Health Care Card) |
|---------------------------------|---------------------------------|--|

Who referred you to STREAT? Myself Someone else

If someone else...

| Name & role | Agency | Email |
|-------------|--------|-------|
| | | |

Who is your emergency contact person?

| Name | Relationship | Phone |
|------|--------------|-------|
| | | |

Work and financial

| Work situation | Last 4 weeks |
|---|--------------|
| Full time (working approx. 38 hrs per week on a permanent or fixed contract) | |
| Part time (less than 38 hrs per week on a permanent or fixed contract) | |
| Casual (irregular hours, no sick/rec leave, termination without notice, no permanent contract) | |
| Underemployed (working part time but want to work more and are available to do so) | |
| Unemployed (didn't work any hours in the last week but want to and are available to do so) | |
| Not looking for work or not available to work | |
| Being a primary carer | |
| Studying/training | |
| In treatment | |
| If you are receiving any government benefit, can you tell us what it is? | |
| Can you tell us what Centrelink or Job Active stream you are? | |
| Do you have a Health Care Card? N / Y If yes, what is the number? | |

Accommodation

Which of the following best describes your living situation?

| Type of accommodation | Currently | Last 3 months | Ever | N/A |
|---|-----------|---------------|------|-----|
| Rough sleeping (street, park, tent, train station, or improvised shelter such as a shed, garage, car) | | | | |
| Squatting in an abandoned building | | | | |
| In a refuge, or emergency/crisis accommodation | | | | |
| Crashing with friends or relatives (e.g. couch surfing) | | | | |
| In foster care, residential care or kin care | | | | |
| Hospital, nursing home, health or other treatment facility (incl. rehab/detox) | | | | |
| Youth justice or detention centre | | | | |
| Adult prison or remand centre | | | | |
| In a single room in a boarding house or hostel | | | | |
| In a caravan, cabin or mobile home | | | | |
| Living with relatives permanently | | | | |
| Parent's home | | | | |
| Own place (renting, owned or buying) | | | | |
| Other (please give details) | | | | |

Residency status

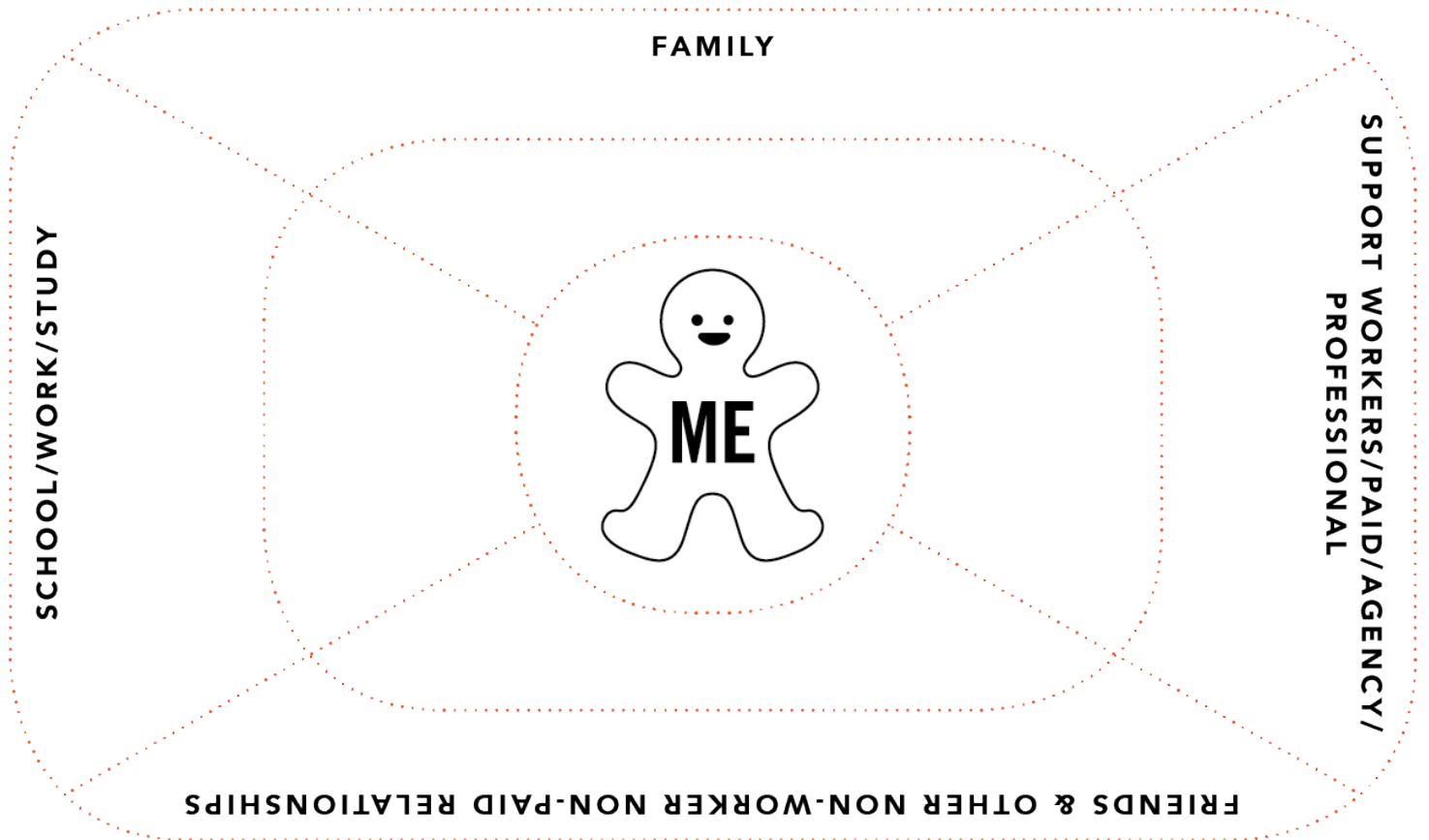
How would you describe your current residency status?

| | |
|--|---|
| <input type="checkbox"/> Australian | <input type="checkbox"/> Permanent resident |
| <input type="checkbox"/> Temporary resident (please give details) _____ | <input type="checkbox"/> Other (please give details) _____ |

Supportive people

Who are the important people in your life? The people you rely on? (You can include pets!)

MY CIRCLES OF SUPPORT



Family contact

We understand that families are very important, but sometimes complicated. Is there anyone in your family that you are comfortable to give us permission to speak with if the need arises?

| First Name | Last Name | Relationship to you | Phone | Email |
|------------|-----------|---------------------|-------|-------|
| | | | | |
| | | | | |
| | | | | |

More about you

What level/year at school did you complete? (e.g. Year 9) _____

Please list any other study/courses you have started or completed.

- _____
- _____

- _____
- _____

We are keen to know the positive things about you.

| | |
|---|-----------|
| What are some things you are good at? | (1) _____ |
| | (2) _____ |
| | (3) _____ |
| What else do you like doing with your time? | _____ |
| If you could be any animal, what would it be? | _____ |
| If you could have a superpower, what would it be? | _____ |
| What would someone who cares about you and knows you well, tell us about you? | _____ |

STREAT actively celebrates diversity, and we want to know the real you. However, we do understand that sexuality and gender orientation is a personal matter, so it's fine if you choose not to answer this question. Would you like to let us know if you identify as any of the following?

| | | | |
|----------------------------------|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Transgender | <input type="checkbox"/> Rather not say |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Straight | <input type="checkbox"/> Intersex | <input type="checkbox"/> Other _____ |

The last three months

What have you been doing with your time over the last three months? Tick as many boxes as apply.

| | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Spending time by myself | <input type="checkbox"/> Detained in immigration facility | <input type="checkbox"/> Working |
| <input type="checkbox"/> Hanging out with friends | <input type="checkbox"/> Detained in corrections facility | <input type="checkbox"/> Studying |
| <input type="checkbox"/> Been in hospital | <input type="checkbox"/> Been in a detox/rehab facility | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Caring for someone | <input type="checkbox"/> Other _____ | |

So we can start thinking about the right support for you, please let us know if you've been experiencing issues/problems in any of the following areas in the last three months.

| | |
|--|--|
| <input type="checkbox"/> Trouble getting motivated | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Self-care & living skills not so good | <input type="checkbox"/> Emotional/coping issues |
| <input type="checkbox"/> Money and budgeting problems | <input type="checkbox"/> Controlling my anger or behaviour |
| <input type="checkbox"/> Gambling issues | <input type="checkbox"/> Want something to do with my time |
| <input type="checkbox"/> Issues with friends & social network | <input type="checkbox"/> Want to study something |
| <input type="checkbox"/> Disconnected from family | <input type="checkbox"/> Can't find a job |
| <input type="checkbox"/> Disconnected from friends | <input type="checkbox"/> Can't find work experience |
| <input type="checkbox"/> Want new friends | <input type="checkbox"/> Disconnected from school |
| <input type="checkbox"/> Drug and alcohol issues | <input type="checkbox"/> Accommodation issues |
| <input type="checkbox"/> Physical health issues | <input type="checkbox"/> Legal/offending issues |

Legal stuff

As mentioned already, we are in the business of helping, not judging. We need to understand all your different experiences and pressures. Have you ever been arrested, charged with any offences, or spent time in a prison or youth detention centre?

No

Yes

If yes, please list details (including how long ago, nature of offences, sentence, any time in detention or prison, charges pending, current orders)

How am I tracking?

Tick one of the boxes for each question below to indicate how you are tracking at the moment...

| | | | | | | | |
|----|--|--------------------------|--------------|--------------------------|-------------|--------------------------|---------------|
| 1 | How hard or easy is life now? | <input type="checkbox"/> | Really tough | <input type="checkbox"/> | Not too bad | <input type="checkbox"/> | Pretty smooth |
| 2 | How do you feel about yourself? | <input type="checkbox"/> | Really bad | <input type="checkbox"/> | Not too bad | <input type="checkbox"/> | Pretty good |
| 3 | How do you feel about your future? | <input type="checkbox"/> | Really bad | <input type="checkbox"/> | Not too bad | <input type="checkbox"/> | Pretty good |
| 4 | How is your housing situation | <input type="checkbox"/> | Inadequate | <input type="checkbox"/> | Good enough | <input type="checkbox"/> | Good |
| 5 | How is your education & employment situation | <input type="checkbox"/> | Inadequate | <input type="checkbox"/> | Good enough | <input type="checkbox"/> | Good |
| 6 | How are you with drug & alcohol issues | <input type="checkbox"/> | Problem | <input type="checkbox"/> | Good enough | <input type="checkbox"/> | Good |
| 7 | How is your mental health | <input type="checkbox"/> | Poor | <input type="checkbox"/> | Good enough | <input type="checkbox"/> | Good |
| 8 | How happy are you? | <input type="checkbox"/> | Not | <input type="checkbox"/> | Good enough | <input type="checkbox"/> | Good |
| 9 | How is your overall life stability | <input type="checkbox"/> | Inadequate | <input type="checkbox"/> | Good enough | <input type="checkbox"/> | Good |
| 10 | How is your opportunity for income & independence? | <input type="checkbox"/> | Poor | <input type="checkbox"/> | Good enough | <input type="checkbox"/> | Good |

Physical health

Please tell us about any significant health issues you have that you think we should know about.

Do you have any allergies or health alerts?

No

Yes

If yes, please describe the issue and what the required response is.

Do you have a disability that will impact on your ability to participate in TAFE, group sessions, or work experience in an operating café business?

No

Yes

If so, please let us know the nature of your disability and what supports you have in place and what you might need from us.

Have you had any concerns about your mental health?

No

Yes

If yes, please tell us a bit more.

Has a doctor or psychologist/psychiatrist ever made a mental health diagnosis about you?

No

Yes

If yes, could you let us know what the diagnosis is, who made it, how long ago, any treatment, any current medication, Mental Health Treatment Plans, etc.

Safety

Do you find yourself reacting in a way that others find aggressive or violent?

No

Yes

If yes, please tell us a bit more. What sets you off? What is your reaction? Are you getting support around this?

Do you self-harm as a way of coping with life when it becomes difficult? If not currently, have you ever?

(The SANE Australia website describes self-harm as any behaviour which involves the deliberate causing of pain or injury to yourself — usually as an extreme way of trying to cope with distressing or painful feelings. Self-harm includes cutting, burning or hitting oneself, binge-eating or starvation, or repeatedly putting oneself in dangerous situations. It can also involve abuse of drugs or alcohol, including overdosing on prescription medications.)

No Yes. If yes, when did this last occur? _____

Have you ever attempted suicide?

No Yes. If yes, when did this last occur? _____

Have you experienced family violence?

No Yes. If yes, when did this last occur? _____

If yes, please tell us a bit more, especially if you currently feel unsafe.

We are also keen to know what strengths have helped you through this.

If you answered yes to any above questions, please let us know about your positive support/s.

Do you have a safety plan?

No Yes. If yes, can you please share a copy with us _____

Course fees for Entrée

Although it costs STREAT over \$3,000 to provide work experience and personal support to each Entrée trainee, there is no course fee for Entrée. However, there is a \$60 trainee contribution (see below).

Course fees for Main Course charged to referring agency / Employment Service Provider

- **It costs STREAT over \$18,000 to put a trainee through Main Course.** We receive less than 1% government funding. As a self-funded social enterprise STREAT covers the cost of Youth Programs training from our cafe and business revenue.
- **\$1,000 course fee for trainees with government funding/support.** Where there is government funding available and/or an Employment Service Provider (ESP) will receive outcome payments associated with trainees completing our programs, then there is a course fee charged to the agency or ESP that covers 5% of the program cost.
- **\$600 fee if limited funding available.** If the referring agency or the applicant's ESP cannot pay the \$1000, then a discount can be applied to reduce the course fee to \$600 (which covers the out of pocket TAFE fees that STREAT pays).
- **100% fee waive.** We will never let lack of resources get in the way of a trainee doing our program so if we receive an indication in writing from the agency and/or Employment Service Provider that there is no funding available for the young person and that they will not receive outcome payments associated with our program, we will apply a 100% scholarship and waive the fee entirely.

Main Course outcomes (FY2017/18)

- 76% completion rate
- The unemployment rate amongst our trainees reduced by from 98% down to 39%
- All trainees completed TAFE certified units of competency
- Trainees rated their sense of belonging at 94%
- Trainees rated Main Course at 93% and Magic the Therapy Dog at 150%!

Trainee Contribution

We request each Entrée and Main Course trainee to make a symbolic, personal contribution of \$60 for their program. This is to give them buy in, pride and commitment to the program.

Who should we talk to about course fees?

| | Name | Phone | Email |
|-----------------------------|------|-------|-------|
| Referring/support agency | | | |
| Employment Service Provider | | | |

Informed consent and exchange of information

| | | |
|---|------------------------------|-----------------------------|
| I understand that the information I provide in this form will be shared within the STREAT team in order to assess my readiness and to plan my involvement in Entrée or Main Course program. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I understand that the information provided be used for program evaluation (no identifying personal information will be used). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I consent for STREAT to contact my worker/s listed, and exchange information with them. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I consent for STREAT to contact other nominated support organisations provided in this application, and exchange information with them. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I consent for STREAT to contact my family member/s listed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I understand that I can withdraw/change my consent at any time. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I agree to pay the Trainee Contribution of \$60 if I am accepted into the Entrée or Main Course STREAT program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I understand the above consent statements and/or I have discussed with my worker why STREAT needs this information to be able to make an assessment about the suitability of a program for me. I give my permission for the information to be used as described.

Young person's signature

_____ / / _____

Young person's name

Date

Parent/guardian's signature
(if required)

_____ / / _____

Parent/guardian's name &
phone number

Date

Please scan and e-mail the application to youthprograms@streat.com.au or post it to: STREAT Youth Programs, 66 Cromwell Street, Collingwood VIC 3066

We are really looking forward to meeting you!