



CONNECT CENTRAL IN SCHOOLS - CLIENT RECORD /ASSESSMENT FORM

Today's date: ____/____/____ Client Number _____

Name: _____

Age: ____ Date of Birth: ____/____/____ Gender: Male Female

Ethnicity: _____

First Language: _____

Phone Number: _____ Mobile _____

Address: _____

Post Code: _____

E-mail: _____

Any other ways we can contact you? _____

Emergency Contact Name: _____

Emergency Phone Number: _____

Relationship to you: _____

Referred by

Name of CC person entering data: _____

EDUCATION / TRAINING

Current school Attending and year level:

Issues from student perspective:

What has made attending/engaging difficult / enjoyable?

Learning difficulties- learning assessment details

What would make a difference for you to attend your chosen school?

Issues from parent/ guardian perspective:

EDUCATION / TRAINING

Issues from school perspective:

What has made attending/engaging difficult / enjoyable for the student?

Learning difficulties- learning assessment details

What would make a difference for the school to continue the enrolment for this student?

Learning difficulties- learning assessment details

CURRENT WORKERS INVOLVED

Case managers/ external workers involved

Name: _____

Agency: _____

Role: _____

Current Plan

Name: _____

Agency: _____

Role: _____

Current Plan

Name: _____

Agency: _____

Role: _____

Current Plan

WORK EXPERIENCE

History (previous or current work experience/placement, volunteer, dates, employer)

Strengths

Hobbies / interests

Likes /Dislikes

Difficulties

Preferred area of work / work experience

Existing networks – i.e. – family & friends who could assist with work placement

Resume required

yes

no

HEALTH & WELL BEING

Student Family Occupation: see attached occupation group code document:

Group A _____

Group B _____

Group C _____

Group D _____

In receipt of a Centrelink payment: yes No

Health Issues

Mental health / emotional well being:

Substance issues

Other issues (i.e. legal)

Accommodation

RELATIONSHIPS

Family relationships

Identified role models

Other significant relationships

FUTURE PATHWAYS

Education / training / employment

Program or course

Possible provider:

Personal Program:

Possible provider:

PERMISSION TO RELEASE OR SEEK CONFIDENTIAL INFORMATION

Under the *Privacy Act 2000* your records are confidential, and except in the case of safety concerns or a medical emergency, they will not be released without your written permission.

Connect Central will need to pass your assessment data, information and needs to an education and / or training provider, and when agreed, may also need to transfer data to agencies such as *Centrelink*, or an employer.

Connect Central may also need to seek additional information to assist your referral to a provider.

To protect your privacy, and before any of this can happen, you must complete this form.

I _____ being aware of the nature and content of the information required, give my permission for the following information to be released / sought:

- 1 Client Record / assessment _____
- 2 Client Preference Checklist _____
- 3 Pathway plan _____
- 4 _____

To the following provider / agency:

School of enrolment; other education providers; general support within the community

For the purpose of:

Education and pathway development

and for no other purpose. This permission form remains in effect until: _____

I have been advised of the reasons for this request and of the possible consequences of releasing / seeking this information.

CLIENT

First name: _____ Surname: _____

Signature: _____ Today's date: ____/____/____

GUARDIAN

First name: _____ Surname: _____

Signature: _____ Today's date: ____/____/____

[Note: The consent of a parent / guardian is only required if the client is under 18 years of age and lives with their parent or guardian, or if the client has a legal guardian.]

Connect Central STAFF MEMBER

First name: _____ Surname: _____

Signature: _____ Today's date: ____/____/____

Participant Declaration

I understand that:

- The Connect Central service provider will retain this information as supporting evidence for their records. However, they may also give this information to the Department of Education to assist with program monitoring and to confirm my eligibility for funded services.
- Relevant information about my activities in this program may also be provided and used by the Department for statistical analysis and reporting for program monitoring purposes.
- Information may only be given to another organization to assist with the provision of services to me.
- Information gathered about myself and circumstances will be compiled into a final report to the education department, this will include an unidentifiable case study;
- Information about me is protected by the *Privacy Act 2000* and can only be given to persons other than myself if I have agreed or when disclosure is allowed by law.

I authorise the Connect Central provider to give this information about me to the Department of Education and Training and specified organisations for these purposes.

SignedName.....

Witnessed.....Name.....