

APPLICATION FORM

This form is to be completed with the young person.

Date: _____

Questions? About the Young Person

Young person's given name(s): _____

Young person's Last or Family Name: _____

Alias (if applicable) _____

Date of Birth: _____ Age: _____ Gender: _____ Pronouns: _____

Country of Birth: _____

Does the young person identify as (can tick more than one):

Aboriginal

Torres strait islander

Neither

Does the young person identify as culturally and linguistically diverse? Yes No

If so, please provide details: _____

Phone Number: _____

Email address: _____

Emergency Contact

Name: _____

Relationship to applicant: _____

Contact details: _____

Details of other household members (i.e. partner, dependents) Complete for each person

(1) Name: _____

Date of Birth: _____ Age: _____

Relationship to applicant: _____

Country of Birth: _____

Phone Number: _____

Email Address: _____

(2) Name: _____

Date of Birth: _____ Age: _____

Relationship to applicant: _____

Country of Birth: _____

Phone Number: _____

Email Address: _____

Housing History

T-Number (if applicable): _____

Young person's current address: _____

Type of Accommodation:

Refuge Private Rental Transitional Accommodation Couch Surfing

Other: _____

How long has the young person lived there: _____

Please list previous Accommodation for the past 12 months, type and reason for leaving:

1. _____

2. _____

3. _____

Has the young person ever been evicted or asked to leave accommodation? Yes No

Please explain:

Education/Training/Employment

CRN (if applicable): _____

What activity is the young person engaged in (i.e. school, TAFE, apprenticeship, traineeship)?

What is the course? _____

Name and Location of Institution? _____

How long has the young person been engaged with this? _____

How long will the young person be engaged with this? _____

How many hours is the young person engaged with the activity? _____

What mode? (on-campus, off-campus) _____

Is the young person engaged in a form of employment: Yes No

Name of the business: _____

Contact Person: _____

Hours per week: _____

Tick one: Part-time Casual Volunteer/Non-paid

Is this a component of study: Yes No

Support Services

Please describe your involvement with the young person:

Name: _____

Agency: _____

Position: _____

Phone Number: _____

Email Address: _____

How long have you been working with the young person? _____

How many hours a week do you support the young person? _____

What type of support services do you provide to the young person?

Counselling	Accommodation	Mental Health	Drug and Alcohol
Disability	Health	Probation and Parole	Domestic Violence
Budgeting	Parenting	Juvenile Justice	

Please expand about your support in an attached support letter.

What other support services are linked with the young person or household members?

Agency Name	Contact Person & Details	Type of Support Provided

Please attached additional information on an additional page

Independent Living

Please discuss the young person's ability to live independently (i.e. community-style accommodation, budgeting, household care, etc).

Are there any safety concerns (i.e. AVOs, etc)

Is there anything that we have not asked about, or that you/client would like us to know?

Support Agreement

Young Person (young person to complete)

I _____ (Full Name)

have read and understand the information in the Samaritans Student Accommodation Handbook.

I _____ (Full Name)

fully understand and will comply with the expectations of participating and residing in the Samaritans Student Accommodation Program.

Signature: _____ Date: _____

Support Provider (support provider to complete)

I _____ (Caseworker)

of _____ (Full-Service Name)

agree to provide ongoing casework support for the duration of the tenancy to ensure the client _____ (Name) is engaged in study and that any other additional support needs are met in accordance to our service provision. I agree to liaise with relevant education providers to ensure continuing attendance and ongoing study requirements are being met. I also agree to report this back to the Samaritans Student Accommodation as required.

Signature: _____ Date: _____

Submitting the Application

Please include with your application form:

- Agency Support Letter
- Confirmation of Education/Training (i.e. enrolment form, letter from institution)
- Evidence of income (i.e. Centrelink, Pay slips)

Please return via email: ssa_wickham@samaritans.org.au