



Youth Health

Leanne's artwork reflects the vibrancy and transitional motions of the dragonflies as they move through their journey of life

Burudi Bada Food and Art Project

A partnership between Aboriginal Health and Youth Health

Referral

Please return form to sarah-jane.allen@health.nsw.gov.au

Date: _____

IPM registration _____

Young Person's Name:

Age and Date of Birth:

Gender: _____

Country of Birth: _____

Address: _____

Contact Details of Young Person Home: _____ **Mobile:** _____

Name of School, course and year: _____

Indigenous Status **Aboriginal**

Torres Strait Islander

Both Aboriginal and Torres Strait Islander

Not Stated

Religion: _____

Medicare Card No : _____ / _____ **Expiry Date:** /

Does the young person see a regular GP or Doctor? Yes / No

If Yes:

Name of GP _____

Contact Phone number for GP: _____

Name of parent, guardian or carer: _____

Contact details of parent, guardian or carer:

Person for contact regarding appointments and transport:

Name _____

Relationship _____

Phone number: _____

Permission to text: Yes / No

*** Does this young person take have any dietary requirements/foods allergies?** YES
 NO

If yes, specify? _____

***This project involves using kitchen equipment such as ovens and knives. Do you have any concerns regarding the use of this equipment?**

YES NO

If Yes, Please elaborate

*** Aboriginal Health and Youth Health are approved working development order providers. As part of this scheme, you can work off your fines through Revenue NSW.**

Do you have any fines you would like to work off in the program, as part of a Working Development Order?

YES NO

*** Do you give permission for photos to be taken participating in the program for promotional purposes?** YES NO

Young Person (14 years and over), Parent or Carer Signature:

Date:
