

Opportunity Pathways Referral Form

Please complete all sections of referral form and attach resume (if available)

Opportunity Pathways is a program to help people receiving social housing assistance access employment, education and training opportunities.

Referring agency _____ Date _____

Contact person _____ Phone _____

Personal details of the referee (program applicant)

Surname		Given name	
Gender	<input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> Prefer not to say	Date of birth	
Address		Suburb	Postcode
Phone		Email	
Preferred contact and time	<input type="checkbox"/> Phone <input type="checkbox"/> Anytime from 8am to 5pm	<input type="checkbox"/> Email <input type="checkbox"/> After 9am	<input type="checkbox"/> After 12mid-day

Eligibility Criteria

I am 17 or older and meet the school leaving requirements, and

living in public, community or Aboriginal housing Yes No

or

receiving a DCJ Rent Choice subsidy that helps you pay the rent for up to three years until you become independent Yes No

or

an approved social housing applicant on the NSW Housing Register. Please provide NSW Housing Register Number: _____

Do you have a current driver's licence? Yes No

Do you have a registered vehicle? Yes No

Main language spoken at home English Other (specify) _____

Interpreter required? Yes No

Do you identify as:

Aboriginal Torres Strait Islander Both Neither

Provide ages of any dependents: _____

Income details (type of income)

- Youth Allowance Newstart
 Parenting Payment Disability Support Payment (DSP)
 ABSTUDY Austudy
 Carers Payment
 Employment fulltime part-time
 casual contract

Do you consider yourself to have A disability, impairment or long-term condition?

Yes No

If yes, please select the appropriate area(s)

- Hearing or deaf Acquired brain impairment
 Physical Vision
 Intellectual Medical condition
 Learning Other _____
 Mental illness



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Housing stability & Private rental market aspirations

- Stable/Not seeking to move
- Stable/Seeking private rental option
- Unstable/Seeking accommodation option
- Experiencing homelessness/ Seeking accommodation option
- Undefined/not sure

Work aspirations – Industry of interest

I am motivated and willing to gain, increase and retain employment with the appropriate support Yes No

- Health care
- Education
- Administration
- Telecommunications
- Community/Human Services
- Hospitality
- Retail
- Agriculture
- Tourism
- Construction/Trade
- Business start up
- Tickets, Training, Education
- Undefined/not sure

Level of education

- currently studying
 - no education
 - Primary education
 - High School education (year 7 to 9) please specify the highest year attended
 - Year 10
 - Year 11
 - Year 12
 - Vocational education
- Please specify Certificate level (II, III, IV)
- Diploma or Advanced Diploma
 - Bachelor's Degree
 - Postgraduate

Employment services – Are you linked with any of the following?

- Job Active
- Disability Employment Service (DES)
- Parents Next

Details of provider: _____

Resume attached

- Yes
- No

Privacy and personal information

Your personal information is protected by law (including the Privacy Act 1988) and is being collected by and for Social Futures to allow us to contact you further to discuss the Opportunity Pathways program. Your information will only be provided to other parties where you have agreed to that; or where it is required or authorised by law.

I consent to receiving text messages and/or emails informing of upcoming workshops, events, employment and/or training related information from the Opportunity Pathways team. Yes No

Participant declaration

I certify that the personal information provided in this application form is correct. I give permission for information about me to be collected by Social Futures. I understand that this form and information on it will be used to contact me about the Opportunity Pathways program.

Verbal consent given (If filled on behalf of applicant) Yes No

Referrer Signature

Date _____**Applicant Signature**

(Not needed if verbal consent signed)

Date _____

Please return completed and signed form to the email address below.

E: opp@socialfutures.org.au | T: 02 6620 1888 | W: socialfutures.org.au