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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Debutante Ball 2017-**  **Client Information Summary**  This form is for case managers or support workers to complete if you would like to participate in the debutante ball. The debutante ball is for young people aged between 16 and 25 who live in (or have lived in) out-of-home care (foster care, residential care or kinship care).    If you have any questions please contact Erin Moloney on 9614 1577 or [Erin@cfecfw.asn.au](mailto:Erin@cfecfw.asn.au) | | | | | | | | | | | |
| **Young Person’s Details:** | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | |
| **Preferred name** |  | | | | | | | | | | |
| **Age** |  | **Date of Birth:** | |  | | Do you identify as being of Aboriginal and/or Torres Strait Islander origin? | | | | Yes | No |
| **Email** |  | | | | | | | | | | |
| **Address** |  | | | | | | | | | | |
| **Suburb** |  | | | | | | | **Post Code** | |  | |
| **Type of Care** | Kinship | | Foster Care | | Resi Care/ Lead Tenant | | | Other | |  | |
| **Mobile** |  | | | | | **Phone contact** | | |  | | |
| **Child Protection Order** | **Yes No**  (please circle) | | | | | | | | | | |
| Order: | | | | | | Order expiry: | | | | |
| **Medicare Card** |  | | | | | | | | | | |
| **Health Care Card** |  | | | | | | | | | | |
| **Emergency Contacts:** | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | |
| **Phone** |  | | | | | | | | | | |
| **Address** |  | | | | | | | | | | |
| **Relationship** |  | | | | | | | | | | |
| **Health:** | | | | | | | | | | | |
| **Allergies** | Please provide a brief description: | | | | | | | | | | |
| **Existing Conditions** (physical/mental) | Please provide a brief description: | | | | | | | | | | |
| **Medication** | Please provide a brief description: | | | | | | | | | | |
| **Disabilities** | Please provide a brief description: | | | | | | | | | | |
| **AOD:** | | | | | | | | | | | |
| **Any significant AOD concerns** | Please provide a brief description including signs the young person is substance affected: | | | | | | | | | | |
| **Alerts:** | | | | | | | | | | | |
| **Worker safety issues** | Please provide a brief description: | | | | | | | | | | |
| **Access** | Please provide a brief description including access arrangements, intervention orders or concerns in relation to contact with a particular person: | | | | | | | | | | |
| **Professional Contact Details:** | | | | | | | | | | | |
| **Agency/ Role** |  | | | | | | | | | | |
| **Name** |  | | | | | | | | | | |
| **Phone** |  | | | | | | | | | | |
| **Address** |  | | | | | | | | | | |
| **Will you be attending the dance practices?** | It is an expectation that each young person under 18 years must be accompanied to all 10 weeks of practice dances by a support worker:  If not, who will attend? | | | | | | | | | | |
| **How will you support the young people with their tickets?** | Each young person is given tickets for guests to attend the ball. Girls get 2 tickets and boys get 1 ticket. Please give a brief description on how you will support them, in particular if they invite family. | | | | | | | | | | |
| **Will your organisation support with funding clothing and accessories?** | Each young person attending will need a dress and/or suit for themselves and their partner including accessories (shoes, gloves etc). Please provide a brief description of your support : | | | | | | | | | | |
| **Additional Information:** | | | | | | | | | | | |
|  | | | | | | | | | | | |

Please send all completed forms either by email **or** post this to the following:

**Erin Moloney**

**Level 5 or** [Erin@cfecfw.asn.au](mailto:Erin@cfecfw.asn.au)

**50 Market Street**

**Melbourne, 3000**