



**Applicant**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender : Male  Female

School: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Does the person live in the local Area ? Yes  No

Referral Agency: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**What services is the young person currently accessing?**

- Youth Services
- Community Participation
- Life Choices
- Supported Living Fund
- Mental Health
- Transition To Work
- Disability
- Government supported Program
- School
- Employment
- Self-Managed
- Other

**DECLARATION and CONSENT**

Is the Young Person willing to Commit to the 13 session Mentoring Program: Yes  No

**NAME OF PERSON COMPLETING THIS FORM**

**SIGNATURE**

**RELATIONSHIP TO APPLICANT:**

**CONTACT PHONE NUMBER**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY

APPLICATION HAS BEEN LODGED AND REVIEWED BY:

LCS Manager name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_