

Second Chance Program – Referral Form

Once completed, please return this form via email to secondchance@cvgt.com.au and you will be contacted within 2 (business) days.

Referrals can also be made directly via the Magistrates Court, Legal Aid, Community Corrections, Youth Justice, or Legal representative.

Date of referral:

Client Details			
First Name:			
Last Name:			
Date of Birth:		Age:	
Address:			
Phone Number(s):		Email:	
Gender Identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Trans <input type="checkbox"/> Other/Prefer not to answer		
Pronouns:	<input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other		
Australian Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	
Primary Language			Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No

Referral Details	
Referred by (Name)	
Organisation	
Contact Number	
Email	

Justice Related Information	
Program Participation	<input type="checkbox"/> Voluntary <input type="checkbox"/> Mandatory Details/Conditions (if applicable):
Magistrate or Legal Rep:	
Current/Outstanding charges:	
Pending Court Dates	

Current Orders:	<input type="checkbox"/> COO <input type="checkbox"/> Youth Justice Order <input type="checkbox"/> Diversion Order <input type="checkbox"/> CISP <input type="checkbox"/> Second Chance <input type="checkbox"/> Other Details:	
Bail Conditions:		
Community Work Hours	Total Ordered:	Remaining:
Current Intervention Orders: (IVO)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide details below): Named person(s): Relationship: Conditions:	
Offending Status	<input type="checkbox"/> Recidivist Offender <input type="checkbox"/> Offender <input type="checkbox"/> Non-offender 12mths+ <input type="checkbox"/> Never offended	
Please provide any additional information of relevance:		
Consent for referral		
Has the participant OR their parent/guardian (if aged <18) consented to this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the participant consented to the provision of their personal details (above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participant signature:	Date: (DD/MM/YYYY)	