



# Sandgate House Application Form

● When you have completed filling in the form email, send or fax it back to

Sandgate House:

Postal Address: 37 Kempster Street, Sandgate. Brisbane. 4017

Fax #: 3869 0888

Email address: [sandgate@youthemergencyservices.org.au](mailto:sandgate@youthemergencyservices.org.au)

Check out the Youth Emergency Services (YES) Web Site for more information.

[www.youthemergencyservices.org.au](http://www.youthemergencyservices.org.au)

Date: / /

## Personal Details

Your Name: \_\_\_\_\_

Alias / Nickname: \_\_\_\_\_

Gender:  Male  Female  Transgender

D.O.B: / /

Age: \_\_\_\_\_ years

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

Current Telephone Number: \_\_\_\_\_

And / or Mobile Number: \_\_\_\_\_

Income: \_\_\_\_\_

Are you eligible for Youth Allowance (eg. Aust citizen):  Yes  No

Referred by: \_\_\_\_\_

Do you have a Health Care Card:  Yes  No

Or are you eligible for one:  Yes  No  Unsure

# Who is in your life

**CAREGIVERS**

Caregivers Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**Dept. of Communities**

Orders (please circle):      None    C&P    C&PFU    JJ

C.S.O Name: \_\_\_\_\_

Area Office: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Youth Worker's Name: \_\_\_\_\_

**Next of Kin**

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**Support Person(s) / Agency**

Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

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Why are you referring to Sandgate House? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you seen the YES web site?  Yes  No

**If you haven't please visit the site or talk to the Sandgate House staff to find out more about Sandgate House and the service we offer.**

[www.youthemergencyservice.org.au](http://www.youthemergencyservice.org.au)

Would you identify that Sandgate House would provide the type of accommodation and support you require?  Yes  No

If yes, please answer why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you think Sandgate House would work for you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information you would like to include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you get some help filling in this form?  Yes  No

How did you find out about Sandgate House? \_\_\_\_\_

# Background Checks

*A background Check is used for the Sandgate House Staff to get some general information about you; this will be used to help the selection process.*

*The Sandgate House staff would phone the 2 Referees you nominate and ask a series of questions for the background check. If you would like to see the background check form and questions asked, please contact the Sandgate House staff.*

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Please Nominate 2 Referees for us to contact for a Background Check.

1) Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I declare that this information is true and correct to the best of my knowledge.

Yes     No

(Please tick the Yes box if you agree to the above, if not tick the No box.)

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

Name: \_\_\_\_\_ Signed: \_\_\_\_\_