

# WOMEN'S JUSTICE NETWORK

## MY WAY Mentoring Program Referral

Prevent disadvantaged female youth from entering the criminal justice system.  
**PLEASE ENSURE ALL ENTRIES ARE COMPLETED**

Date of referral: \_\_\_\_\_

### Client (Young Person)

Client Full Name: \_\_\_\_\_

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

DOB: \_\_/\_\_/\_\_\_\_

Gender:

Female

Intersex

Cultural Background: \_\_\_\_\_

### Program Eligibility:

*Client must answer yes to all*

At risk of custodial sentence

Voluntarily seeking support

Living in Sydney Metropolitan or inner

west of Sydney

Aged 14-25

### Current Living Situation:

Home with biological parent/s

Home of relative

Residential Care

Transitional Care

Homeless

Other  Please specify:  
\_\_\_\_\_

### School Attendance:

Regular

Infrequent

Not engaging

### Client Information

In your view why is this person at risk of being affected by the criminal justice system?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would this person benefit from a mentor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Referrer Details:

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

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

Is the person aware this referral is being made?

Yes

No

Please fax the completed form to (02) 8011 0690 or email  
youth@wjn.net.au