Readiness Form

EDUCATIONfirstYOUTHfoyer

We would like to get to know you in your own words. This form helps us to work out how ready you are to live at the EFY Foyer, how you will fit with other people living in the EFY Foyer and how you would suit living in student accommodation. We also want to know what motivates you, what your strengths are and what challenges you think you may have. We will consider all of your responses to make a decision about whether the EFY Foyer is the place for you.

Date received .....

Date reviewed .....

Personal details

First Name ..... Last Name .....

Preferred name/s .....

Date of birth / / Age ..... Gender ..... Preferred pronouns .....

Current Address .....

Phone ..... Email .....

Country of birth ..... Preferred language .....

How would you describe your current residency status?

- ◯ Australian
- ◯ Permanent resident
- ◯ Temporary resident *(please explain)* .....
- ◯ Other *(please specify)* .....

Identity

At the EFY Foyer we celebrate diversity by providing an array of activities and putting our young people in contact with a range of groups and networks. Telling us a bit about your sexuality and cultural background will help us create a meaningful program for you, filled with relevant activities, groups and networks.

You may not want to share your personal details, and that is completely fine. The questions below are entirely optional and any information you share is confidential.

Do you identify as:

- ◯ Lesbian
- ◯ Gay
- ◯ Bisexual
- ◯ Transgender
- ◯ Intersex
- ◯ Queer
- ◯ Straight
- ◯ Cisgender
- ◯ Non-binary
- ◯ Asexual
- ◯ Questioning
- ◯ Rather not say
- ◯ Prefer to self-describe: .....

What is your cultural background?

Are you of Aboriginal or Torres Strait Islander origin?

○ Aboriginal ○ Torres Strait Islander ○ Both ○ Neither ○ Rather not say

Is there anything you would like to share with us about your connection to culture? For example, who is your mob? Where is your traditional country?

Is there anything else about you that you think is important to share or will help us to link you with groups and activities relevant to you?

Talents and dreams

The EFY Foyer will provide you with a safe and secure environment to live in, and access to opportunities, resources and networks that will support you to transition to independence. In return, you agree to engage with a range of opportunities to grow your skills, talents and interests across six key service offers: Education, Employment, Health & Wellbeing, Housing & Living Skills, Civic Participation and Social Connections. This two-way relationship is called 'The Deal'.

The EFY Foyer is committed to working with you in a way that builds on your aspirations, talents and abilities. We would like to know some more about you and your talents and dreams, so we can help you get the most out of the program. Spend some time here thinking about your life, the things you look forward to or would like to do in the future and write them down.

What are your dreams for the future? Think about the things you look forward to or would like to achieve in the future.

What activities and hobbies do you enjoy? You might like to think about the things you do on the weekend or in your spare time.

Can you tell us about something that you are good at?

Education and training

Involvement in education and training is key to your participation in the EFY Foyer program. As a requirement of the EFY Foyer, you are expected to actively engage with education and/or training and we will support you to complete a minimum of a Year 12 or Certificate III level qualification.

If you are not enrolled in education yet, this is something we can help you with.

Please give us an example of something you have done or been involved in that demonstrates your motivation to study.
You don't have to be enrolled right now. You might like to tell us about a course you have completed in the past, or maybe you have recently researched courses online.

Which one of these options would you say most closely describes your motivation to get involved in education or training?
Please tick one box only

- ◯ I have no interest in education/training
- ◯ I have not thought about education/training recently, but I am open to it
- ◯ I am thinking about education/training, but have not looked into it yet
- ◯ I am motivated; I really want to get into education/training soon
- ◯ I am so motivated that I am already in education/training

If you are currently enrolled in education or training, please provide details of the course including the following details:

Where you are undertaking the course/attending school .....

Title of the course/school year .....

The level that you are studying at is:

- ◯ Secondary school student
- ◯ Vocational education and training
- ◯ University student
- ◯ Other training and education
- ◯ Don't know
- ◯ Not applicable

If you have not been motivated to make a start yet, what strengths or skills do you have that would help you in your learning?

Employment

At the EFY Foyer we will work with you to set career goals and aspirations, to develop your employability and ultimately, to achieve paid employment.

Please tell us about a time when you have shown an interest in participating in employment. For example, maybe you have researched jobs online, completed work experience or had a casual job or part time job.

Which one of these options would you say most closely describes your motivation to get involved in employment?
Please tick one box only

- ◯ I am not interested in looking for work right now
- ◯ I have thought about getting a job/volunteer work, but I haven't done anything to make it happen
- ◯ I would like a job/volunteer work and this is something I would like to work towards
- ◯ I have had a job/volunteer position in the past and I would love to find another
- ◯ I already have a job/volunteer position and working is something that I value

If you are currently employed, please tell us the following about your job:

Job title .....

Place of employment .....

Do you work:

◯ Full time ◯ Part time ◯ Casual ◯ Other: .....

Roughly how many hours per week you work: .....

Do you receive any income support?
Tick any that apply

- ◯ Newstart Allowance
- ◯ Youth Allowance
- ◯ ABSTUDY
- ◯ Disability Support Pension
- ◯ JobSeeker
- ◯ Other: .....

If known, what is your Centrelink Reference Number (CRN)? .....

Getting involved

The EFY Foyer offers many opportunities for you to get involved with the community, take part in activities and build social networks. Participating in these activities is an important part of EFY Foyer life. The activities calendar at the EFY Foyer changes regularly, but can include things like cooking workshops, personal training sessions, movie nights

- Which one of these options would you say most closely describes your motivation to get involved?
  Please tick one box only

  - ◯ I have no interest in getting involved in community activities, or groups
  - ◯ It is not something I have thought about, but I would consider this
  - ◯ I am starting to think that I would like to get more involved in activities/groups
  - ◯ I am keen to get involved in activities/groups
  - ◯ I am already involved in groups/community activities and is something that I value

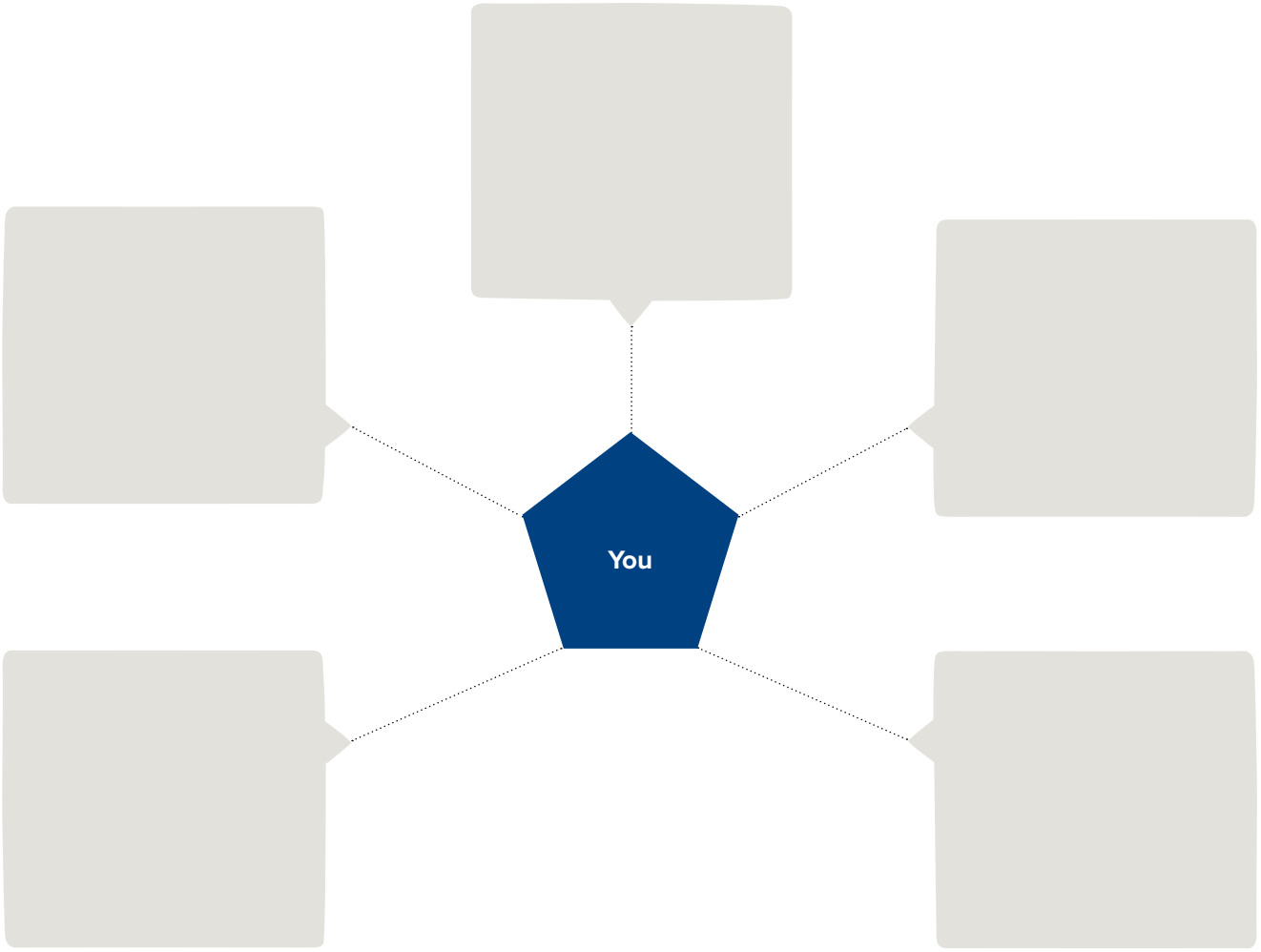
Can you give an example of a group activity (community project, volunteering, sports team, workshops or other) that you have been a part of?

If you were to live at the EFY Foyer, are there any activities or groups you would like to participate in? What are they?

Social connections

Developing your networks and having positive relationships with people who value and support you are important for everyone. At the EFY Foyer we aim to build these social connections so that when you leave you have great connections to people who are important to you.

▲ Please tell us who the important people in your life are right now. Who are the people you can call on when you need help? This could include your family members, relationships, friends, mentors, teachers etc.



Community connections

Tell us about any groups, organisations or agencies you are currently connected with. This might include youth groups, community organisations, sports clubs, support providers etc. Include as many as you like in the table below.

Organisation/group	Contact name	How you know them	Phone	Email

Housing

Thinking about the different places you have lived or stayed in over the last 12 months, how much time have you spent:
Please check one for each row

Type of accommodation	No time over last 12 months	Less than 1 month	1–3 months	3–6 months	6–12 months
In your own place (that you were renting, owned, or were buying)	○	○	○	○	○
In your parent's or relatives home	○	○	○	○	○
In the homes of friends or couch surfing	○	○	○	○	○
In a boarding house or hostel	○	○	○	○	○
In foster care, residential care or kinship care	○	○	○	○	○
Sleeping rough (eg. a park, tent, train station)	○	○	○	○	○
In emergency or crisis accommodation	○	○	○	○	○
In youth justice service or youth detention centre (including juvenile justice)	○	○	○	○	○
Any other place you have lived in the past 12 months (specify):	○	○	○	○	○

What is your current address?

How long have you lived here for?

Who are you living with?

Please tell us the reason for leaving your last accommodation:

Are you able to live at home? ◯ Yes ◯ No

If no, what is the main reason you are unable to live at home?

What personal strengths or strategies have helped you while you haven't had secure housing?

Independent living

In the EFY Foyer, each student has their own apartment, and is responsible for their own living space. While you are living at the EFY Foyer we will work with you to develop independent living skills, such as how to cook, save money and looking after your own health and well-being. There are also spaces for you to meet with other students to share a meal, study together, have group meetings and participate in group activities and workshops.

What are the skills or character traits you have that would make you a good housemate?
For example, you might be very neat and tidy, or respectful, or maybe you like meeting new people.

Please tick the answer that describes you best (one box only)

How confident are you in cooking meals for yourself?

◯ Extremely confident ◯ Very confident ◯ Moderately confident ◯ A little confident ◯ Not confident at all

How confident do you feel about managing your money and paying rent?

◯ Extremely confident ◯ Very confident ◯ Moderately confident ◯ A little confident ◯ Not confident at all

How confident are you in your ability to live in a shared living environment, with communal spaces and facilities?
(you will have your own unit)

◯ Extremely confident ◯ Very confident ◯ Moderately confident ◯ A little confident ◯ Not confident at all

How confident do you feel about getting involved in groups and social activities?

○ Extremely confident ○ Very confident ○ Moderately confident ○ A little confident ○ Not confident at all

How confident are you in your ability to attend to your own personal hygiene needs (including showering, washing clothes, changing bed sheets etc.)?

○ Extremely confident ○ Very confident ○ Moderately confident ○ A little confident ○ Not confident at all

Any other living skills you have that you would like to tell us about

Living skills you would like to learn or develop

Keeping myself and others safe

The EFY Foyer environment is a communal space, with many young people living, studying and working toward their goals together. We would like to know if you are equipped to live in an environment shared with diverse young people with many different backgrounds, ideas and personalities. We will also be asking about any safety or legal concerns you have right now, so we can create a safe and secure environment for yourself and others.

Tell us about some of the things you do to get along with other people. You might like to think about family members, friends, community groups, housemates or anyone else. Perhaps you are friendly and polite, or you listen to other people's perspectives.

How do you deal with someone who annoys you or has a different opinion to yours?

■ Do you have a recent history of serious violent or aggressive behaviour? ○ Yes ○ No

What strategies do you use to manage extreme emotions or conflict?

▲ Have you experienced any safety concerns, including violence from another person? ○ Yes ○ No

If yes, please tell us a bit more, particularly if you currently feel unsafe:

If yes, what personal strengths do you think helped you through this?

Do you currently have any legal issues or charges that you are dealing with? ○ Yes ○ No

If yes, please tell us a bit more about how this is managed, and how the EFY Foyer can support you:

Are you likely to go to youth detention or prison due to these charges? ○ Yes ○ No

Do you have any previous serious conviction or charge with an offence involving arson, violence, drug trafficking, or incidents of a sexual nature? ○ Yes ○ No

We would like to know if you use drugs and/ or alcohol, and any strategies you have in place to manage this. Identifying your drug use on this form will not mean you cannot live at the EFY Foyer. However, it is important that everyone feels safe, secure and able to achieve at the EFY Foyer. So if you don't have any management strategies in place already, this is something we can help you with before moving into the EFY Foyer.

Do you use drugs currently? ○ Yes ○ No

Do you use alcohol currently? ○ Yes ○ No

Have you used drugs in the last year? ○ Yes ○ No

Have you used alcohol in the past? ○ Yes ○ No

Do you think your alcohol or drug use would impact your ability to commit to the EFY Foyer Deal, or impact the participation of others? ○ Yes ○ No

If you answered yes to any of the above questions, please tell us about your management and support requirements

Current management strategies (eg. support from an agency, family, safety plans, harm minimisation strategies)

Strategies or supports you would like to access at the EFY Foyer

Health and Wellbeing

Being well means different things to different people. At the EFY Foyer we encourage you to try new things and think about your mental and physical health in a proactive way.

Can you tell us about a time when you felt healthy and well? What are the things you do to look after your mental and/or physical health?

Have you had any concerns around your mental health? (diagnosed or undiagnosed) ○ Yes ○ No

If yes, please tell us a bit more about this:

In the last 6 months, have you self-harmed? ○ Yes ○ No

■ In the last 6 months, have you attempted suicide? ○ Yes ○ No

▲ ■ If you answered yes to having a mental health diagnosis, or have recently self-harmed or attempted suicide, please tell us more about how you manage your mental health challenges. Examples may include talking to a professional, safety plans, medications or self-care strategies.

Do you have a disability or physical health issues that will impact on your ability to participate in the EFY Foyer program? If so, please advise us of the nature of your disability or health issue:

Do you currently access a Funding Package from the NDIS? ○ Yes ○ No

If yes, name the organisation you are connected to: .....

Name and contact details of your support coordinator: .....

Are there any supports you will need us to provide in order for you to live at the EFY Foyer and to take part in the program? (this could mean adjustments to the physical space, assistive technology etc.)

Referees

Please tell us the details of someone we can contact to talk about the information you have given in this form.

Name of organisation (if applicable)

Name of Referee

Email | Phone number

How you know this person | How long you have known this person

Please tell us the details of someone we can contact about your educational background / pathway.

Name of educational institute (if applicable)

Name of Referee

Email | Phone number

How you know this person | How long you have known this person

Informed consent

I give consent for the information to be used to assess my readiness for the EFY Foyer.	○ Yes	○ No
I give my consent for the EFY Foyer Readiness Assessment Panel to contact my referees and any other nominated organisation provided on this form.	○ Yes	○ No
I consent for the information that I give in this form to be used for program evaluation purposes (if you do not consent to this it will not alter your chances of gaining a place in the EFY Foyer).	○ Yes	○ No
I understand that I can withdraw my consent for the use of this form for Foyer evaluation, planning and evaluation at any time.	○ Yes	○ No

Signed (Young Person or authorised representative) | Date / /

Signed (Worker) | Worker name

Worker position | Organisation

If you have any questions, please contact the EFY Foyer Manager
E youthfoyer@junction.org.au