Readiness Form

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 reviewed

Personal detail	S			
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 resi	dency status?		
Australian				
O Permanent resident				
Permanent residentTemporary resident				
	(please explain)			
Other (please specify)	(please explain)			
Temporary resident	(please explain)			
Other (please specify) Identity At the EFY Foyer we cele of groups and networks.	(please explain) ebrate diversity by Telling us a bit ab	out your sexuality		oung people in contact with a range elp us create a meaningful program for
Other (please specify) Identity At the EFY Foyer we cele of groups and networks. you, filled with relevant a	ebrate diversity by Telling us a bit ab ctivities, groups a	out your sexuality nd networks.	and cultural background will he	oung people in contact with a range elp us create a meaningful program for below are entirely optional and any
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Other (please specify) Identity At the EFY Foyer we cele of groups and networks. you, filled with relevant a You may not want to shar information you share is on Do you identify as:	ebrate diversity by Telling us a bit ab activities, groups a re your personal confidential.	out your sexuality nd networks. details, and that is	and cultural background will he completely fine. The questions	elp us create a meaningful program for below are entirely optional and any







What is your cultur	ral background?						
Are you of Aborigi	nal or Torres Strait Is	slander origin?					
Aboriginal	O Torres Strait Is	lander O	Both O	Neither	Rather	not say	
Is there anything y Where is your trad	ou would like to sha litional country?	re with us abou	ıt your connec	tion to culture	e? For examp	le, who is your	mob?
Is there anything e	lse about you that yo	u think is impor	tant to share o	r will help us t	o link you with	n groups and a	ctivities relevant to you?
Talents and	d dreams						
that will support you talents and interest		lependence. In vice offers: Edu	return, you ag ucation, Emplo	ree to engag yment, Health	e with a rang n & Wellbeing	e of opportuni	esources and networks ties to grow your skills, ving Skills,
know some more	committed to workin about you and your ut your life, the thing	talents and dre	ams, so we ca	n help you ge	et the most or	ut of the progra	am. Spend some time
What are your dre	ams for the future? T	hink about the	things you loc	k forward to o	or would like	to achieve in t	he future.
What activities and	d hobbies do you en	joy? You might	like to think at	oout the thing	s you do on t	he weekend c	or in your spare time.
Can you tell us ab	out something that y	ou 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
O I have no interest in education/training
I have not thought about education/training recently, but I am open to it
O I am thinking about education/training, but have not looked into it yet
O I am motivated; I really want to get into education/training soon
O 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:
O Secondary school student
O Vocational education and training
O University student
Other training and education
O Don't know
O 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.

o	Which one of these options would you say most closely describes your motivation to get involved in employment? Please tick one box only
	O I am not interested in looking for work right now
	O I have thought about getting a job/volunteer work, but I haven't done anything to make it happen
	O I would like a job/volunteer work and this is something I would like to work towards
	O I have had a job/volunteer position in the past and I would love to find another
	O 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
	O Newstart Allowance
	O Youth Allowance
	O ABSTUDY
	O Disability Support Pension
	O JobSeeker
	Other:







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

0	Which one of these options would you say most closely describes your motivation to get involved? Please tick one box only
	O I have no interest in getting involved in community activities, or groups
	O It is not something I have thought about, but I would consider this
	O I am starting to think that I would like to get more involved in activities/groups
	O I am keen to get involved in activities/groups
	O 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?



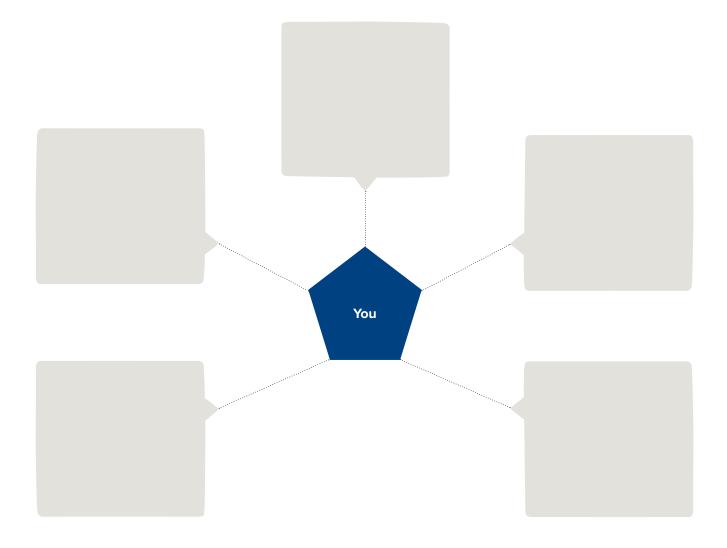




Social connections

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.

A 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)	0	0	0	0	0
In your parent's or relatives home	0	0	0	0	0
In the homes of friends or couch surfing	0	0	0	0	0
In a boarding house or hostel	0	0	0	0	Ο
In foster care, residential care or kinship care	0	0	0	0	0
Sleeping rough (eg. a park, tent, train station)	0	0	0	0	0
In emergency or crisis accommodation	0	0	0	0	0
In youth justice service or youth detention centre (including juvenile justice)	0	0	0	0	0
Any other place you have lived in the past 12 months (specify):	Ο	0	0	0	O





	is your current addre	55!							
How I	long have you lived h	ere foi	?						
Who ε	are you living with?								
Please	e tell us the reason fo	or leavi	ng your last acco	mmo	dation:				
Are yo	ou able to live at hom	ne?	O Yes) No				
If no, v	what is the main reas	on you	ı are unable to liv	e at h	iome?				
What ¡	personal strengths or	strateç	gies have helped	you w	hile you haven't had sec	ure ho	using?		
Inde	ependent liv	ing							
EFY Foods	oyer we will work wit	th you . There	to develop indep e are also spaces	ende for yo	, and is responsible for the strong skills, such as he ou to meet with other stuops.	w to c	cook, save money a	nd lo	oking after your
			•		ld make you a good hou atful, or maybe you like m				
Pleas	se tick the answer	that d	escribes you be	est (c	ne box only)				
How o	confident are you in o	cookin	g meals for yours	elf?					
O E	Extremely confident	0	Very confident	0	Moderately confident	0	A little confident	0	Not confident at a
How c	confident do you feel	about	managing your r	noney	and paying rent?				
O E	Extremely confident	0	Very confident	0	Moderately confident	0	A little confident	0	Not confident at al
How confident are you in your ability to live in a shared living environment, with communal spaces and facilities?									
	will have your own un	it)							







How	How confident do you feel about getting involved in groups and social activities?								
0	Extremely confident	0	Very confident	0	Moderately confident	0	A little confident	0	Not confident at all
	confident are you in y ging bed sheets etc.)?		oility to attend to y	our o	wn personal hygiene ne	eds (ir	ncluding showering,	wash	ning clothes,
0	Extremely confident	0	Very confident	0	Moderately confident	0	A little confident	0	Not confident at all
		An	y other living ski	lls yc	ou have that you would	l like t	o tell us about		
			Living ski	ills yo	ou would like to learn o	or dev	elop		







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?
	What strategies do you use to manage extreme emotions or conflict?
•	Have you experienced any safety concerns, including violence from another person? Yes No
	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, 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 of	or charges that y	you are dealing with?	O Yes	O No	
If yes, please tell us a bit more about ho	w this is manag	ed, and how the EFY Fo	yer can support y	ou:	
Are you likely to go to youth detention of	or prison due to	these charges? () Yes) No	
Do you have any previous serious conv drug trafficking, or incidents of a sexual		with an offence involvin	ng arson, violence,	Yes	O No
We would like to know if you use drugs use on this form will not mean you cann to achieve at the EFY Foyer. So if you do with before moving into the EFY Foyer.	ot live at the EF	Y Foyer. However, it is in	nportant that ever	yone feels safe, secui	e and able
Do you use drugs currently?	O Yes	O No			
Do you use alcohol currently?	O Yes	O No			
Have you used drugs in the last year?	O Yes	O No			
Have you used alcohol in the past?	O Yes	O No			
Do you think your alcohol or drug use w or impact the participation of others?	ould impact you	ur ability to commit to the	e EFY Foyer Deal,	O Yes	O No
If you answered yes to any of the above	e questions, plea	ase tell us about your ma	anagement and su	upport requirements	
Current management strategies	(eg. support fr	rom an agency, family,	safety plans, ha	rm minimisation stra	tegies)
Strategi	es or supports	you would like to acce	ess at the EFY Fo	yer	
Strategio	es or supports	you would like to acce	ess at the EFY Fo	yer	
Strategio	es or supports	you would like to acce	ess at the EFY Fo	yer	
Strategi	es or supports	you would like to acce	ess at the EFY Fo	yer	
Strategi	es or supports	you would like to acce	ess at the EFY Fo	yer	
Strategio	es or supports	you would like to acce	ess at the EFY Fo	yer	







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	า? (diagnosed or	undiagnose	d)	O Yes	O No)		
If yes, please tell us a bit more about this:								
In the last 6 months, have you self-harmed?	O Yes	O No						
In the last 6 months, have you attempted suicide?	O Yes	O No						
If you answered yes to having a mental health diagnormore about how you manage your mental health chamedications 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 N	NDIS?) Yes	O 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

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	<i>إ</i> .	
Name of educational institute (if applicable)			
Name of Referee			
Email	Phone number		
How you know this person	How long you have known this per	rson	
Informed consent			
I give consent for the information to be used to assess my readiness for the EFY Foyer.		O Yes	O 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.		O Yes	O No
I consent for the information that I give in this form to be used for p (if you do not consent to this it will not alter your chances of gaining		O Yes	O No
I understand that I can withdraw my consent for the use of this form for Foyer evaluation, planning and evaluation at any time.		O Yes	O No
	1 /		
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	Ph (03) 9564 6488 E foye	ergw@launchhoi	using.org.au





