

OPERATION FLINDERS
A new direction for young people at risk



PARTICIPANT BACKGROUND
(To be completed by Referring Agency)

It is important that the referring agency complete this document accurately to ensure that the participant is provided with the best support during the normal conduct of the Exercise and in case of emergency.

1. PARTICIPANT DETAILS

PARTICIPANT SURNAME.....GIVEN NAME.....
DOB/...../..... SEX M F
ADDRESS.....
SUBURB..... POSTCODE.....

2. FAMILY/CONTACT DETAILS

Parent/Guardian Name.....Phone ().....
Referring Agency..... Phone ().....
Agency Contact Officer..... Phone ().....
Single Parent Family YES/NO Indigenous Australian YES/NO
Other.....

3. EMERGENCY CONTACT DETAILS

Is the participant a Families SA Client **YES/NO** Does the person have a Case Worker ? **YES/NO**
If Yes Case Worker's Name.....Contact Number ().....
Is the person under a Court Order ? **YES/NO**
If Yes please supply relevant details.....
Are there any transportation restrictions? e.g. does a CYFS Officer need to be in attendance if the participant is sent back to Adelaide mid Exercise YES/NO
Other.....

3. PRESENTING BEHAVIOURS SUMMARY

Issues	Yes	No	Details
Reluctance to participate			
Physical aggression			
Verbal aggression			
Anti-authority			
Self directed hostility			
Other			

4. RELATIONSHIP WITH OTHERS

OTHER	POSITIVE	NEGATIVE	DETAILS
Peers			
Teachers			
Police			
Family			
Other			

5. FINAL COMMENTS

Please add other aspects not covered above that could help Operation Flinders provide a positive experience for this participant.