**Form YTO8 Screening Report Template**

|  |  |
| --- | --- |
| To:  |  **The Clinical Director Drug and Alcohol Service SA (DASSA)** |
| Request sent to: | Health.DASSAClinicalRecordsRequestforInformation@health.sa.gov.au |
| Date request sent by Youth Court: |  |
| **File details**  |
| File number: |  |
| Full name of child: |  |
| Date of birth: |  |
| Gender:  |  |
| Ethnicity: |  |
| Next hearing date: | **5 business days after the Directions Hearing** |
| Report required by:  | **At least 2 business days prior to the next hearing date** |

|  |
| --- |
| **Instructions:**The form is to be completed by an appropriately qualified and experienced youth drug addiction health professional in DASSA. An application has been made for assessment of a child under Part 7A of the *Controlled Substances Act 1984*. The Court requests that you screen the application and affidavit provided. Please provide advice as to whether the application and affidavit meets the threshold in relation to all requirements of s 54D of the *Controlled Substances Act 1984* within 3 business days of receiving the screening request. The completed screening report will need to be provided to the Court by emailing youthcourt@courts.sa.gov.au and in the subject line quoting the ‘Screening - File number and child’s name’. |

|  |
| --- |
| ***What documents were considered in forming this view?***  |
| Application (YTO1)  | [Please include date of application] |
| Affidavit  | [Please include date of affidavit] |
| Reports (Provided by Youth Court of South Australia) |  |
|  |
|  |
|  |

|  |
| --- |
| **54D(1)(a) Habitually using** |
| Is there a reasonable likelihood that the child is habitually using? **Yes/No** (Delete one)  | Please explain reason for selection: |
| **54D(1)(b) Danger to self or others**  |
| May the child be a danger to themselves or others? **Yes/No** (Delete one)  | Please explain reason for selection: |
| **54D(1)(c) Refusal to voluntarily seek assessment**  |
| Has the child refused to voluntarily seek a relevant assessment? **Yes/No** (Delete one) | Please explain reason for selection: |
| **54D(1)(d) No other appropriate or less restrictive means**  |
| Is there any other appropriate and less restrictive means available to ensure the child receives a relevant assessment? **Yes/No** (Delete one) | Please explain reason for selection: |
| **Threshold met or not**  |
| I have formed the view that the application and affidavit **meets/ or does not meet** **(delete one)** the threshold in relation to all requirements of s 54D of the *Controlled Substances Act 1984.* |
| **Any other relevant information**  |
| Please provide any other relevant information: |

|  |
| --- |
| **Details of person who completed the Screening Document** |
| Full Name: |  |
| Title: |  |
| Employment Address: |  |
| Email address:  |  |
| Phone Number: |  |
| Date Screening request received by DASSA:  |  |
| Date Screening completed and sent to Youth Court of South Australia:  |  |
| Signature (include AHPRA number): |  |
| Qualification:  |  |