

FORM

PROJET Z

Projet Z is designed for young people in Laval between the ages of 12 and 24 who have been subject to sexual exploitation or are at risk of finding themselves in such a situation. Based on your observations and the needs expressed by the young person (and family, if applicable), the team of support workers involved will provide personalized support to help that young person. The young person's involvement in the project is voluntary and requires that person's consent to have information about him/her shared with the Clinical Committee and the team of support workers involved. You must therefore have that young person's consent to make this referral.

Email* _____

Date of request* _____

In your opinion, the young person referred

- is or has been in a situation of sexual exploitation
- is at risk of being subject to sexual exploitation

Has the young person agreed to take part in the project?*

- The youth agreed to participate in the project
- The youth prefers to meet the person responsible for the project to learn more before deciding.

Information on the referred person

Name of young person* _____

Date of birth* _____

Address and postal code* _____

Telephone number* _____

Language(s) used at home

- French
- English

Others _____

School attended (if applicable)

Employment (if applicable)

Is one parent (or both) notified of their youngster's referral to the project?*

- Mother
- Father
- Both

Others _____

Information on the referral person

Name of the person making the referral*

Telephone number* _____

Email* _____

Position / relationship with the person
you are referring*

Organization (if applicable)

Reference informations

What is the main reason for the referral?*

How was the project presented to the person?*

What needs do you think we should work on with the
young person?*

Has the young person expressed any fears, desires,
or issues on which he/she would like support?

To your knowledge, does the referred youth receive
services from one or more organizations?
If yes, which ones?

Return the form to:

zero.exploitation@cavaclaval.com