Referral Form

***Referral Details***

|  |  |
| --- | --- |
| Date of Referral: |  |
| Referring Persons Name: |  |  |

***First Last***

|  |  |
| --- | --- |
| Agency (if Applicable): |  |
| Phone: |  |  |

 ***Area Code Phone Number***

|  |  |
| --- | --- |
| E-Mail: |  |

***Students Details***

|  |  |  |
| --- | --- | --- |
| Student Name: |  |  |

 ***First Last***

|  |  |  |  |
| --- | --- | --- | --- |
| Age: |  | Date of Birth: |  |
| Gender: |  |
| Student Phone Number: |  |
| Mobile Number: |  |
| Street Address: |  |
| Street Address 2: |  |
| City: |  | State: |  | Post Code: |  |

***Checkbox***

|  |  |  |
| --- | --- | --- |
| Indigenous Australian / Torres Strait Islander  | YES | NO |
| Young Mother / Pregnant | YES | NO |

***Parent / Carer / Contact Person***

|  |  |  |
| --- | --- | --- |
| Contact Name: |  |  |

 ***First Last***

|  |  |
| --- | --- |
| Contact Phone Number: |  |
| Contact Mobile Number: |  |
| Relationship: |  |
| Additional Contact: |  |
| Relationship (2): |  |

***Educational History***

|  |  |
| --- | --- |
| Approximate Date Last Attended School: |  |
| Previous School #1 |  |
| Contact Person: |  |
| Previous School #2 |  |
| Year Level Last Enrolled: |  |
| Reason For Disengagement: |
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|  |

***Social Worker / Case Manager (If Applicable)***

|  |  |
| --- | --- |
| Agency Name: |  |
| Worker Name / Title: |  |
| Agency Phone Number: |  |
| Position / Role: |  |
| Agency Mobile Number |  |
| Agency E-mail: |  |
| DHS Involvement(Protective/Youth Justice) |  |
| Contact Person: |  |

***Student and or Parent / Guardian Approval***

|  |  |
| --- | --- |
| Name of Student: |  |
| Student Approval: |  |
| Name of Parent / Guardian: |  |
| Parent / Guardian Approval: |  |

***Staff Contact***

|  |  |
| --- | --- |
| Campus Leader: | Damien Rider  |
| Phone: | 0417 291 250 |
| Social Worker / Intake Worker: | Michelle Smithsmith.michelle.m@edumail.vic.gov.au |
| Phone: | 0475 836 989 |