



# REFERRAL FORM

Referral Date:	
----------------	--

## School/Referring Body:

School/Referring Body:	
Name of Person Referring:	
Position:	<input type="checkbox"/> Principal/Deputy <input type="checkbox"/> Student Services <input type="checkbox"/> Other (please list):
Contact Numbers:	
Email:	

## Student Information:

Student Name:			
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Preferred Pronouns:	
Date of Birth:		Current Year Level:	
Year Applying for:	<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
Address:			
Suburb:		Post Code:	
Contact Numbers:			
SCSA Number:		USI Number:	
NCCD Category:		Level of Adjustment:	
Additional information:	<p>Is the student in the care of the Department of Child Protection and Family Support?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Are there any current VRO's/Family Court Orders in place?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>		

## Parent/Guardian 1:

Parent/Guardian Name:			
Address:			
Suburb:		Post Code:	
Contact Numbers:			

Parent/Guardian 2:			
Parent/Guardian Name:			
Address:			
Suburb:		Post Code:	
Contact Numbers:			

## Rationale for CARE School Enrolment

(All sections must be completed and plans provided if ticked Yes)

<p><b>Current attendance:</b> Please identify:</p> <ul style="list-style-type: none"> <li>• <i>How long has the student been enrolled at your school</i></li> <li>• <i>What has attendance been since enrolment</i></li> <li>• <i>Known issues affecting enrolment at previous school/s</i></li> <li>• <i>Factors impacting attendance at your school</i></li> <li>• <i>Actions taken to address attendance issues</i></li> <li>• <i>Barriers to addressing attendance</i></li> </ul>	
<p><b>Academic achievement and learning needs:</b> Please identify:</p> <ul style="list-style-type: none"> <li>• <i>Diagnosed/suspected learning difficulties</i></li> <li>• <i>Last known information about student's learning abilities/levels</i></li> <li>• <i>Successful/unsuccessful learning or teaching strategies</i></li> </ul>	<p><i>Individual Education Plan</i>      <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Behavioural history and needs:</b> Please identify:</p> <ul style="list-style-type: none"> <li>• <i>Concerning behaviours while at your school</i></li> <li>• <i>Any information from previous school regarding challenging or concerning behaviours</i></li> <li>• <i>Factors believed to impact student's behaviour</i></li> <li>• <i>Suspensions/expulsions from your school</i></li> <li>• <i>Any justice interface known</i></li> <li>• <i>Actions taken by your school to support/address student's behaviour</i></li> <li>• <i>Barriers to addressing behaviour concerns</i></li> </ul>	<p><i>Behaviour Management Plan</i>      <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><i>Escalation Profile</i>                      <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

<ul style="list-style-type: none"> <li>• Any significant conflict/ friendships with current or potential BRCC students</li> <li>• Experience of/engagement in bullying at your school</li> </ul>	
<p><b>Medical needs:</b> Please identify:</p> <ul style="list-style-type: none"> <li>• Known medications</li> <li>• Diagnosed/undiagnosed medical conditions</li> <li>• Adjustments made for medical needs</li> </ul>	<p><i>Health Care Plan</i>      <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Risk Management Plan</i>      <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Psychological needs:</b> Please identify:</p> <ul style="list-style-type: none"> <li>• Diagnosed or suspected mental health condition</li> <li>• Significant known trauma/s</li> <li>• Referrals made for mental health supports</li> <li>• Current known mental health supports (please identify provider/s)</li> <li>• If the student has a current mental health care plan</li> </ul>	<p><i>Risk Management Plan</i>      <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Support services involved with this student:</b> Please identify:</p> <ul style="list-style-type: none"> <li>• GP/Paediatrician/specialists</li> <li>• Any other agencies/services involved with the student and/or their family</li> <li>• If the student has an NDIS plan or is awaiting eligibility decision</li> </ul>	

## Parent/Guardian Consent for referral:

I give permission for Bunbury Regional Community College to release and obtain information to/from the School/Referring Body listed on this referral form.

I understand the referrer may be contacted prior to an interview being scheduled.

I understand the information released is only for the purpose of my child's health/education and wellbeing and that I can revoke this consent at any time.

Today's Date:

\_\_\_\_\_

Parent / Guardian Signature:

\_\_\_\_\_

Parent / Guardian Name:

\_\_\_\_\_

*If you have ticked 'yes' for any additional information, please send with the referral. Please ensure you have consent to submit this referral.*