

Kindergarten Engagement Program Referral Form



Please email completed referral to Kindergarten Engagement Facilitator -Jayanthini Jegatheswaran at j.jegatheswaran@yarraranges.vic.gov.au

REFERRER INFORMATION			
Organisation/Agency Name:			
Referrer Name		Position:	
Email		Phone	
CHILD & FAMILY INFORMATION			
Child's name:		Date of Birth:	
Parent/Guardian Name:		Relationship to Child:	
Parent/Guardian Name:		Relationship to Child:	
Sibling names and ages:			
Address:			
Email Address:		Phone Number:	
Cultural Background:			
Interpreter Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language Required:	
EARLY START KINDERGARTEN			
Please complete below if child is eligible for ESK. ESK is available to children who are at least three years old by 30 April in the year they are enrolled to attend the program and are:			
Please tick eligible criteria:	<input type="checkbox"/> Refugee or Asylum Seeker background	<input type="checkbox"/> Known to Child Protection	<input type="checkbox"/> Aboriginal and/or Torres Strait Islander
REASON FOR REFERRAL			
<p>Please list the support the family would benefit from:</p> <p><input type="checkbox"/> Accessing/Enrolling in kindergarten</p> <p><input type="checkbox"/> Supporting continued attendance at kindergarten</p> <p><input type="checkbox"/> Connecting with other supports and services</p> <p><input type="checkbox"/> Transitioning from kindergarten to school</p> <p><input type="checkbox"/> Other (please explain):</p>			
<p>Please note any relevant background information:</p>			

CONSENT

I agree to the referring agency sending this referral to Yarra Ranges Council – Early Years Team to support my child’s engagement in early years services. This personal information will be used by Council only for this purpose or directly related purposes.

I agree that unidentifiable parts of this information will be used to generate data to assist in planning by Yarra Ranges Council.

I understand that when managing personal information, Council abides by the Privacy and Data Protection Act 2014 (Victoria) and the Information Privacy Principles (IPPs). I understand that I can apply to Council to access and/or amend this information. You may gain access to your personal information by contacting Council’s Information Management on 1300 368 333 or mail@yarraranges.vic.gov.au

Parent/Guardian 1 Signature		Print name:		Date	
<p>Verbal Consent: This option should only be used where it is not practical to obtain written consent. Please ensure that you have discussed the content of this consent form with the parent/guardian and they have agreed to you sharing the information. The parent/guardian can tick the box below and referrer to sign.</p>					
<input type="checkbox"/> Parent/Guardian					
Referrer Signature:		Print name:		Date:	

Council will not release or provide access to personal information to any other person or body, unless (a) it has been authorised to do so by the person to whom the information relates, (b) it is permitted or required to do so by law, or (c) it is appropriate or required in the performance of the functions of Council.

We respectfully acknowledge the Traditional Owners the Wurundjeri People as the Custodians of this land that encompasses Yarra Ranges. We also pay respect to all Aboriginal community Elders past and present who have resided in the area and have been an integral part of the history of this region.

Office Use Only:
Date Received: _____ File Number: _____