

Connecting Kids to the Community Referral Form

REFERRER DETAILS

Date of Referral:			
Referrer: Agency/Organisation/Self:		Contact Phone No:	
Is the Agency/Organisation supporting the child/family in an ongoing capacity	Y/N		
If yes, in what capacity?			
Agency/Organisation Email:			

CHILD/YOUNG PERSONS DETAILS

Child/Young Person

Surname:		First Name:	
DOB/Age:			
Address:			
Parent/Guardian/Carer			
Surname	First Name:		
Email:			
Contact #			
Country of Birth		Aboriginal/TSI	Y/N
Cultural Background			
Does the child/young person attend school	Y/N	Name of School	Grade/Year

Family Details:

Name	M/F	Age	Relationship to Child/YP	Contact #	Income Type	Health Care Card #
Parent/Guardian/Carer						
Siblings						

ABOUT THE CHILD/YOUNG PERSON

Reason for referral to the Connecting Kids to the Community Program

Sporting/Recreational Interests – please indicate 3 in order of priority

- | | | | |
|-------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Swimming | <input type="checkbox"/> Netball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Dancing | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Art/Craft | <input type="checkbox"/> Cubs/Brownies | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Football | <input type="checkbox"/> Cricket | <input type="checkbox"/> Scouts/Guides | <input type="checkbox"/> Other (please specify) |

What days and times is the child/young person available to undertake the activity?

How many hours per week are you/the child/young person able to commit to this activity?

How would the child or young person get to and from the activity (includes training, game day)?

Are you able to contribute financially to the cost of club fees, uniforms or other costs associated with this activity?

ADDITIONAL INFORMATION

Does the child or young person have any of the following:

Medical Issues:

Behavioural issues:

Language Barriers:

Physical or Intellectual Disability:

Mental Health issues/diagnosis:

Other

CONSENT TO COLLECT AND SHARE INFORMATION:

I acknowledge by signing this form I/we will become a client of Knox Infolink for the purpose of the Connecting Kids to the Community Program.

If assessed as suitable for the Connecting Kids to the Community Program I consent to my/my child's details being placed on the Knox Infolink Register for a period of up to 12 months.

This Register/information is only accessible to Knox Infolink Staff and volunteers.

I consent to the confidential exchange of information contained in the Referral form being shared with relevant sporting/recreation clubs for assessment purposes only.

I understand that the completion of this referral form and consent is not a guarantee that I/my child will be provided a placement.

I understand that all referrals will be considered by a selection panel and the decision will be final.

I understand that Knox Infolink has a privacy policy, that a copy of it is available to me upon request and that in accordance with this policy all personal information:

- Will be used to assist in providing an appropriate service
- Will not be passed onto other organisations (such as sporting clubs or groups) without my permission and
- May be provided as de-identified data to funding bodies

Parent/Guardian/Carer Signature

Date

Young Person's Signature (if over 15 years old)

Date