

# Kindergarten Outreach Support Program

## Merri-bek City Council – Referral Form



Merri-bek  
City Council

### Privacy Statement

Council is committed to protecting the confidentiality of your records. The information recorded is collected and maintained in accordance with the Information Privacy Act 2002 and the Health Records Act 2001.

Referral Date: Click or tap to enter a date.

Family's Information	
Child's Full Name:	Child's Date of Birth:
Child's Gender:	Language spoken at home: Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian name:	Phone Number:
Residential Address:	Email Address:
Is the Child	
• Known to Child Protection, or	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Is Aboriginal and/or Torres Strait Islander background, or	Yes <input type="checkbox"/> No <input type="checkbox"/>
• from a refugee or asylum seeker background.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Concession Cards:	Visa/residency status:

Referrers details	
Referring Agency/Service:	
Name:	Referrers Position:
Phone:	Email:
Reason for referral:	

### Parent/Guardian consent

I give permission for this referral form to be shared with Maternal Child Health Team, Immunisation Team and Children Services Team within the Merri-bek City Council if required. Yes  No

I hereby authorise the Kindergarten Outreach Officer to receive this information, to visit and support me and my child and contact the above professionals/agencies if additional reports/information is required. I understand that my child's enrolment will be reviewed in consultation with myself / ourselves and other relevant agency staff.

X

Parent/Guardian Signature

Please return this form to:

Kindergarten Outreach Officer  
Children's Services Resource Unit  
Merri-bek City Council  
90 Bell Street  
COBURG 3058

If posting referral form, please mark envelope CONFIDENTIAL or Email:

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