Kindergarten Outreach Support Program

Merri-bek City Council – Referral Form

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 ☐** **No☐**
Parent/Guardian name:	**Phone Number:**	
Residential Address:	**Email Address:**	
Visa/Residency status:	**Cultural Background:**	
Is the Child • **Known to Child Protection, or** • **Is Aboriginal and/or Torres Strait Islander background, or** • **from a refugee or asylum seeker background.**	**Yes ☐** **No☐** **Yes ☐** **No☐** **Yes ☐** **No☐**	

Referrers details	
Referring Agency/Service:	
Name:	**Referrers Position:**
Phone:	**Email:**

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.

Please return this form to:
Kindergarten Outreach Officer
Children's Services Resource Unit
Merri-bek City Council
90 Bell Street, COBURG 3058

Or Email: koo@merri-bek.vic.gov.au
Call: 03 9304 9753