Hume City Council

Preschool Field Officer Program

Child Referral Form 2025



**Please return form electronically to:** **PSFOTeam@hume.vic.gov.au** **STRICTLY ONE REFERRAL PER EMAIL**

**Please ensure that you complete all fields on the referral.**

**Data Collection & Privacy Statement:**

**The collection and handling of personal information in this form is conducted in accordance with Hume City**

**Council’s Privacy Policy, the Privacy and Data Protection Act 2014 (Vic) and the *Health Records Act 2001*.**

**For more information about how Council manages your personal information, please contact the PSFO team via**

**Email PSFOTeam@hume.vic.gov.au**

**When completing the PSFO referral for families with English as a second language, we strongly recommend**

**using the All-Graduates Interpreting & Translation service, which is available to all funded kindergarten programs**

**through the Department of Education. Contact Details:** **de.enquiries@allgraduates.com.au** **or 0396053051**

**Child Safe Commitment:**

**Hume City council is a child safe organisation with a zero tolerance for child abuse. Council actively listens to and supports children to be strong, confident, and self-determined citizens. Council provides a safe working environment that values child safety, diversity and inclusion for all children aged 0-18 and adheres to the Victorian Child Safe Standards and related legislation.**

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| CHILD DETAILS |
| **Child’s First Name**: Click here to enter text. | **Date of Birth**: Click here to enter text. |
| **Child’s Surname:** Click here to enter text. Child’s Preferred Name: Click here to enter text. |
| Child’s Gender: Choose an item. Pronouns where applicable: Click here to enter text. |
| **Address**: Click here to enter text. |
| **Country of Birth:** Click here to enter text. |
| **Language spoken at home**: Click here to enter text. |
| **Does the child have siblings?**  | **Yes:** [ ]  **No:** [ ]  | **Names & Ages:** Click or tap here to enter text. |
| **Is the child: Aboriginal** [ ]  **Torres Strait Islander** [ ]  **Both Aboriginal and Torres Strait Islander** [ ]  |
| Does the child have a formal diagnosis or undergoing assessment? **Yes:** [ ]  **No:** [ ] **Unsure:** [ ]  **Details:** Click or tap here to enter text. |
| Is this child currently accessing support services through NDIS? **Yes:** [ ]  **No:** [ ]  **Unsure:** [ ]  |
| Has the child had their vision checked? **Yes:** [ ]  **No:** [ ]  **Unsure:** [ ]  **Details:** Click or tap here to enter text. |
| Has the child had their hearing checked? **Yes:** [ ]  **No:** [ ]  **Unsure:** [ ]  **Details:** Click or tap here to enter text. |
| Has the child had their 3.5-Year-Old Maternal Child Health (MCH) check? **Yes:** [ ]  **No:** [ ]  **Unsure:** [ ]  **When was the child’s last visit to MCH?** Click here to enter text. |
| **Please list any other Early Years Programs the child has attended (e.g., 3-year-old kinder, childcare)** Click or tap here to enter text. |

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| **Has the child/family accessed other professional services?****For example: Paediatrician, Case workers, speech pathologists, OT’s** |
| **NAME** | **PROFESSION** | **CONTACT DETAILS** | **PERMISSION TO CONTACT (Y/N)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

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| **EARLY CHILDHOOD SERVICE INFORMATION** |
| Name of service: Click here to enter text. | **Contact Number**: Click here to enter text. |
| **Address of service**: Click here to enter text. |  |
| **Name of Early Childhood Teacher/s:** Click here to enter text. |
| **Email of Early Childhood Teacher/s:** Click here to enter text. |
| **Name of all educators working with child:** Click here to enter text. |
| **Name of Team Leader or Director:** Click or tap here to enter text. |
| Email of Team Leader or Director: Click or tap here to enter text. |
| **The child is attending: Select all that apply:**  **3YO:** [ ]  **4YO:** [ ]  **4YO 2nd YR:** [ ]  **ESK:** [ ]  **AEL:** [ ]  |
| **Do you receive KIS funding for this child? Yes:** [ ]  **No:** [ ]  **How many hours did you receive?** Click or tap here to enter text. |
| **Do you receive Specialist Consultancy Support via KIS funding? Yes:** [ ]  **No:** [ ]  |
| **Do you allow the PSFO to contact the Specialist Consultant engaging with your service? Yes:** [ ]  **No:** [ ]  |

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| **Session days/times child attends****Include start and finish times for each day (e.g.: Monday 9 to 4.30)** |
| **Monday** | Tuesday | Wednesday | **Thursday** | **Friday** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Group name: Click here to enter text. | Room name: Click here to enter text. |

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| **Early Childhood Teacher non-contact days/times****Include start and finish times for each day (e.g.: Monday 9 to 4.30)** |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **What support are you looking for from this referral?****Select all that apply** |
| Support with Second Year Process |[ ]  Child Observation |
| Support with referral pathways |[ ]  Educator mentoring/coaching support |
| Responding to parent/carer concerns |[ ]  Resources |
| Strategies / Programming | [ ]  | KIS application support |

**Background Information**

**Both educator and families to add comments about the child here.**

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| **REASON FOR REFERRAL****Please use dot points:** |
| What are the child’s current goals? |  |
| Tell us about the child’s strengths & interests. |  |
| Reason for referral. |  |
| Is there anything that you would like to share that would be important for the PSFO to know?  |  |
| Describe how you are supporting the child’s inclusion & participation in the program. |  |
| Have you referred the child to any services or professionals other than the PSFO? | **No:** [ ] **Yes:** [ ]  **Details:** Click or tap here to enter text. |
| What SRF Menu Items is your service accessing this year? |  |
| **If relevant, have you discussed 2nd Year options with this family? This may include 3 & 4YO funded programs:****Click or tap here to enter text.** | **Has the ECT completed the Early Years Assessment & Learning Tool?** **Yes:** [ ]  **No:** [ ]  |

**Parent/Guardian Details**

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| Child lives with? |
| [ ]  **Both Parents:** | **Details:** Click or tap here to enter text. |
| [ ]  **Parent/Guardian** | **Details:** Click or tap here to enter text. |
| [ ]  **Parent/Guardian** | **Details:** Click or tap here to enter text. |
| [ ]  **Formal Kinship Care** | **Details:** Click or tap here to enter text. |
| [ ]  **Permanent Care** | **Details:** Click or tap here to enter text. |
| [ ]  **Foster Care** | **Details:** Click or tap here to enter text. |
| [ ]  **Residential Care** | **Details:** Click or tap here to enter text. |

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| Parent/Guardian |
| Parent/Guardian Name: Click here to enter text. |
| Relationship to child: Click here to enter text. |
| Contact Number: Click here to enter text. | Email: Click here to enter text. |
| Country of Birth: Click here to enter text. | Preferred Language: Click here to enter text. |
| If born overseas, when did you arrive in Australia? Click here to enter text. |
| Is an interpreter required? **Yes:** [ ]  **No:** [ ]  |
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| Parent/Guardian Name: Click here to enter text. |
| Relationship to child: Click here to enter text. |
| Contact Number: Click here to enter text. | Email: Click here to enter text. |
| Country of Birth: Click here to enter text. | Preferred Language: Click here to enter text. |
| If born overseas, when did you arrive in Australia? Click here to enter text. |
| Is an interpreter required? **Yes:** [ ]  **No:** [ ]  |

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| As a parent/guardian, what is your level of concern in relation to your child’s development & participation in the kindergarten program? Not Concerned [ ]  A Little Concerned [ ]  Very Concerned [ ]  Extremely Concerned [ ]  |
| Any other comments that you would like to include? Click here to enter text. |

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| **PARENT/GUARDIAN DECLARATION** |
| I (name of parent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a person with lawful authority of the child referred to in this form, have read the information written on this form, and give permission for the Preschool Field Officer to observe my child in the kindergarten setting. I consent to the exchange of relevant information (written and verbal) about my child with the kindergarten educators, any relevant agencies, and or future enrolled educational settings- such as school. I understand that this is to assist in supporting my child and to develop a consistent program and strategies to meet my child’s individual needs within the kindergarten setting. I understand that the information requested on this form is being collected by Hume City Council for the purpose of supporting my child’s learning, development, and participation in the kindergarten program, through the support provided by the Preschool Field Officer Program to kindergarten teachers. The personal information collected will be disclosed to the Victorian Government Department of Education, through their KIMS electronic database (where your child’s data is already entered by the kindergarten) to meet requirements of the PSFO program funding agreement.Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **REFERRER DETAILS** |
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| **Referrer’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| [ ]  | I have discussed the above information with the parent/guardian |
| [ ]  | I have provided a copy of the completed referral to the parent/guardian |
| [ ]  | I have explained the PSFO program to the parent/guardian |
| **Referrer’s signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |