

FLO CONNECT

REFERRAL FOR ENROLMENT (Self/Family Referral)

Date of Referral: / /

Young Person's details:

Surname		Date of birth/...../.....
First name		Gender:	Age:
Home address			
Phone numbers			
Email			

Primary Carer details:

Surname		Relationship to student	
First name		Phone number	
Surname		Relationship to student	
First name		Phone number	
Young person lives with the primary carer	<input type="checkbox"/> Always <input type="checkbox"/> Mostly <input type="checkbox"/> Occasionally <input type="checkbox"/> Never		

Referral details:

Referring person	<input type="checkbox"/> Self <input type="checkbox"/> Family member – name:		
Relationship to young person			
Phone numbers			
Email			
Interventions tried so far			
Briefly state reason for referral to FLO Connect			

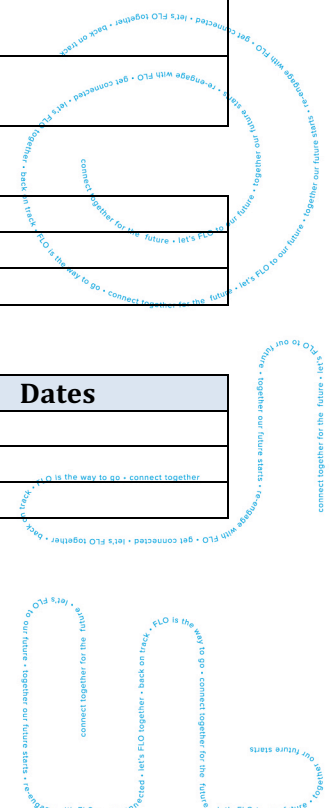
Key agency involved with young person:

Agency name		Workers role	
Worker's name		Phone number	
Email		Mobile number	

Other agencies involved currently or in the past eg. DHS, CYMSH, DoJ, MASP, MFC:

Name of Worker	Agency	Phone number	Dates

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Recent educational history:

Is the young person currently attending school?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
When did young person last attend school full-time?	Month:	Year: 20	Year level:
Which school was/is young person attending?			
Which school was young person attending prior to this?			
Reasons for leaving school (tick relevant boxes)			
<input type="checkbox"/> Poor literacy/numeracy skills <input type="checkbox"/> Low school achievement <input type="checkbox"/> Behavioural issues <input type="checkbox"/> Bullying		<input type="checkbox"/> High incidence of truancy <input type="checkbox"/> History of suspension <input type="checkbox"/> History of expulsion <input type="checkbox"/> Other	
Brief description of key reasons for leaving school			
Key school contact person		Phone:	

Learning Support:

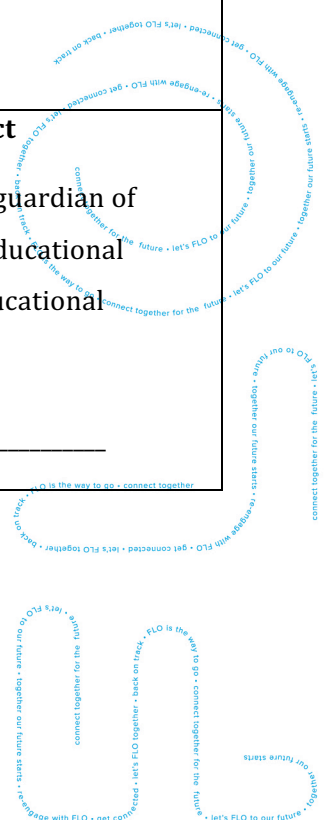
Has the young person ever been formally diagnosed with a specific learning difficulty?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name of diagnosed learning difficulty		
Has the young person ever had any formal assessments or testing by the school or a psychologist?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please attach copies of any assessments		
Has the young person ever required additional support in the school setting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Please provide further details:	

Consent to release documentation regarding educational assessments to FLO Connect

I _____ (name of Parent/Guardian) being the lawful parent/guardian of _____ (name of student) give my consent for the release of educational assessments and documentation relating to my child to FLO Connect for the purpose of educational planning.

Signed: _____ (Parent/Guardian) Date: _____

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How has the young person spent their time since leaving school?

<input type="checkbox"/> Training programs/short courses	<input type="checkbox"/> Staying at home
<input type="checkbox"/> Looking for work	<input type="checkbox"/> With friends
<input type="checkbox"/> Working	<input type="checkbox"/> Other
Further comments:	

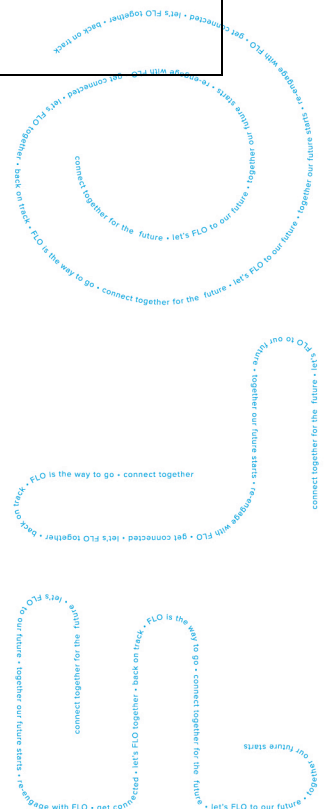
Contributing personal/social/cultural/community factors:

<input type="checkbox"/> Self-esteem issues	<input type="checkbox"/> Disability
<input type="checkbox"/> Poor social skills	<input type="checkbox"/> Medical condition
<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Carer responsibilities
<input type="checkbox"/> Substance misuse issues	<input type="checkbox"/> Long term unemployment (how long?
<input type="checkbox"/> Family difficulties	<input type="checkbox"/> Significant financial issues
<input type="checkbox"/> Homelessness or at risk/out of home care	<input type="checkbox"/> Other

Future Plans:

Why do you want to enroll at **FLO Connect**?

What do you hope to achieve in the next two years?



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CONSENT

Please note:

The young person must consent to this referral. Please ensure that the young person's signature appears on this page as evidence of consent.

Young person and Parent/Guardian approval:

I consent to this referral being made to FLO Connect.

I understand that the information provided on the referral form may only be used for enrolment purposes by FLO Connect and Red Cliffs Secondary College staff unless otherwise authorised.

Young Person:

Name: _____ Signature: _____ Date: _____

Parent/Guardian:

Name: _____ Signature: _____ Date: _____

Please return this completed form with any other additional information supporting this referral to:

Ms. Bernadette Warburton
The Co-ordinator
FLO Connect
78 Pine Avenue
MILDURA. VIC. 3500

Telephone: 5018 8612
Email: warburton.bernadette.m@edumail.vic.gov.au

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Department of Education and
Early Childhood Development

