

2017 Agency Referral Form

This form is to be completed by an Agency working with the student in order to determine their eligibility for enrolment with the Distance Education Centre Victoria (DECV).

Section A: Information to determine a student's eligibility and support their enrolment

Agency Details:

Organisation:		Address:	
Your name:			
Discipline:	Phone:	Email:	
Your role in relation to the client:			

Student/Client Details:

Name:	Date of Birth:	Gender:
Parent/Carer names:		Phone:
Previous school/s, year level and exit date:		

Student/Client Referral Information

When was the last time you saw this student/client?	
How long have you worked with this student/client?	
How much contact have you had in this time?	
What are the primary presenting issues or conditions relevant to this student/client's enrolment at the DECV?	
What additional issues are relevant to this student/client's enrolment at the DECV?	
How do these conditions influence this student/client's ability to attend mainstream school?	
What support or interventions have been put in place to enable this student/client to remain at mainstream school?	
How will this student/client more effectively access education by enrolling at the DECV?	
What specific arrangements will be in place while this student/client is enrolled at the DECV?	
Who will coordinate the monitoring and delivery of these arrangements during the student/client's enrolment with DECV?	

School transition information

What supports do you believe are necessary to assist this student to return to mainstream school or another appropriate pathway?	
What time frame do you believe will be required to enable this?	<input type="checkbox"/> By mid-2017 <input type="checkbox"/> By the end of 2017 or beyond

Please list other professionals/agencies assisting your patient/client at the moment?

Name	Role	Contact Number/Email

Section B: Information about a prospective Supervisor of a DECV student

Students enrolled at the Distance Education Centre Victoria require supervision by a parent or carer. Supervisors are required to perform a range of duties including:

- Facilitating communication between the student and their teachers
- Comprehending and engaging with material provided by DECV both in a written and verbal format
- Ensuring that the student has access to a telephone, computer and suitable work area
- Supporting students to engage and participate in their learning program and the wider school community
- Ensuring their child submits work in accordance with the prescribed or negotiated submission timetable

What supports are in place or need to be arranged to assist the parent/carer in their role as supervisor?	
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Section C: Endorsement of the enrolment

(Please Tick)

I recommend a **full enrolment** with DECV.

Yes or No

I recommend a **shared enrolment** with DECV and an appropriate mainstream school.

Yes or No

I will provide ongoing case management and monitoring for the remainder of this year.

Yes or No

I am prepared to be contacted to provide further information and for the purpose of supporting my student/client's progress.

Yes or No

I have obtained the consent of the parent/carer or independent student to provide this information to Department of Education and Training and the DECV.

Yes or No

Signature:

Date (dd/mm/yyyy)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Once completed this form can be returned to the student/client or sent directly to the DECV via post, fax, or email.

Post: 315 Clarendon St, Thornbury, VIC, 3071

Fax: (03) 9416 8487

Email: enrol@distance.vic.edu.au

All information obtained in this form is dealt with in accordance with the DECV's privacy policy and the Department of Education and Training policies and procedures regarding privacy and record keeping. Queries can be addressed to the DECV Enrolments Office on (03) 8480 0000.