

# 2017 Practitioner Referral Form

The DECV recognises that an important prerequisite for successful engagement with education is the establishment of effective ongoing medical treatment and support. This form is to be completed by a medical or specialist practitioner in order to determine a student's eligibility for enrolment with the Distance Education Centre Victoria (DECV).

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

### Practitioner Details:

Title:	Name:	Organisation:	
Discipline:			
Provider Number:	Phone:	Email:	

### Patient/Client Details:

Name:		Address:	
Gender:	Phone:		
Date of Birth:	Parent/Carer names:		

### Patient/Client Referral Information

When was the last time you saw this client?	
How long has your patient/client been under your care?	
How much contact have you had in this time?	
What are the primary presenting issues or conditions relevant to your patient/client's enrolment at the DECV?	<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> School refusal <input type="checkbox"/> Bullying <input type="checkbox"/> Behavioural issues <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> ASD <input type="checkbox"/> Family issues <input type="checkbox"/> Trauma <input type="checkbox"/> Chronic Fatigue <input type="checkbox"/> Pregnancy/childbirth <input type="checkbox"/> Gender dysphoria <input type="checkbox"/> Eating disorder <input type="checkbox"/> other (please specify): _____
What additional issues are relevant to your patient/client's enrolment at the DECV?	<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> School refusal <input type="checkbox"/> Bullying <input type="checkbox"/> Behavioural issues <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> ASD <input type="checkbox"/> Family issues <input type="checkbox"/> Trauma <input type="checkbox"/> Chronic Fatigue <input type="checkbox"/> Pregnancy/childbirth <input type="checkbox"/> Gender dysphoria <input type="checkbox"/> Eating disorder <input type="checkbox"/> other (please specify): _____
How do these conditions influence your patient/client's ability to attend mainstream school?	
What treatments or interventions have been put in place to enable your patient/client to remain at mainstream school?	
How will your patient/client more effectively access education by enrolling at the DECV?	
What specific treatments, interventions, or arrangements will be in place while your patient/client is enrolled at the DECV?	
Who will coordinate the monitoring and delivery of the care plan during the students' enrolment with DECV?	

**Plan to return to mainstream school**

What treatments or supports do you believe are necessary to assist your patient/client to return to mainstream school?	
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?	
---	--

**Section C: Endorsement of the enrolment**

*(Please Tick)*

I recommend a <b>full enrolment</b> with DECV.	<b>Yes</b> or <b>No</b>
I recommend a <b>shared enrolment</b> with DECV and an appropriate mainstream school.	<b>Yes</b> or <b>No</b>
I will provide ongoing treatment and monitoring for the duration of the enrolment.	<b>Yes</b> or <b>No</b>
I am prepared to be contacted to provide further information and for the purpose of supporting my patient/client's progress.	<b>Yes</b> or <b>No</b>
I have obtained the consent of the parent/carer or independent student to provide this information to the Department of Education and Training and the DECV.	<b>Yes</b> or <b>No</b>

Signature: \_\_\_\_\_

Date (dd/mm/yyyy)  

		/			/				
--	--	---	--	--	---	--	--	--	--

Practitioner stamp:

Once completed, this form can be returned to the patient/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.*