

2019 Agency Referral Form



DECV recognises that an important prerequisite for successful engagement with education is the establishment of effective ongoing treatment and support for mental health and social emotional difficulties. Students must demonstrate they are receiving ongoing professional treatment and/or support for their condition/s and are committed to using these supports.

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 presenting issues or conditions relevant to this student/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"/> Sleep disorder <input type="checkbox"/> Suicide risk <input type="checkbox"/> Gender Dysphoria <input type="checkbox"/> Eating disorder <input type="checkbox"/> Gaming addiction <input type="checkbox"/> Pregnancy/parenting <input type="checkbox"/> other (please specify): _____
Does this student/client have a disability?	<input type="checkbox"/> Physical <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Severe Behaviour disorder <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Severe Language disorder Please provide details:
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 support arrangements will be in place while this student/client is enrolled at the DECV?	
Which practitioner will coordinate the monitoring and delivery of these support 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-2019 <input type="checkbox"/> By the end of 2019 or beyond

Please list other professionals/agencies assisting the student 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 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 the student to engage and participate in the learning program and the wider school community
- ensuring the student 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.	<input type="checkbox"/> Yes or No <input type="checkbox"/>
I recommend a shared enrolment with DECV and an appropriate mainstream school.	<input type="checkbox"/> Yes or No <input type="checkbox"/>
I will provide ongoing case management and monitoring for the remainder of this year.	<input type="checkbox"/> Yes or No <input type="checkbox"/>
I am prepared to be contacted to provide further information and for the purpose of supporting my student/client's progress.	<input type="checkbox"/> Yes or No <input type="checkbox"/>
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.	<input type="checkbox"/> Yes or No <input type="checkbox"/>

Signature _____	Date (dd/mm/yyyy) <input type="text"/> <input type="text"/> / <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.