

2019 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. 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 a **specialist practitioner** in order to determine a student's eligibility for enrolment with the Distance Education Centre Victoria (DECV). A Practitioner Referral Form (PRF) completed by a General Practitioner (GP) without the involvement of a specialist practitioner will not be accepted.

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 patient/client?	
How long has your patient/client been under your care?	
How much contact have you had in this time?	
What are the 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"/> Sleep disorder <input type="checkbox"/> Gender Dysphoria <input type="checkbox"/> Eating disorder <input type="checkbox"/> Gaming addiction <input type="checkbox"/> Suicide risk <input type="checkbox"/> Pregnancy/parenting <input type="checkbox"/> Other (please specify):
Does this patient/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
How do these conditions influence your patient/client's ability to attend mainstream school?	<p>Please provide details:</p>
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?	

Which practitioner will coordinate the monitoring and delivery of the health care plan during the student's enrolment with DECV?	
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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-2019 <input type="checkbox"/> By the end of 2019 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 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 treatment and monitoring for the duration of the enrolment.	<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 patient/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 the 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"/>
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.