

2019 Young Adult Referral Form



This form is to be completed in order to determine an over 17-year-old student's eligibility for enrolment with the Distance Education Centre Victoria (DECV). It must be completed by ONE of the following persons who are not directly related to the student:

- a Principal or Student Coordinator from the student's previous school
- a medical practitioner, counsellor, or social worker who is working with the student
- another health and/or community support professional

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

Referee Details:

Title:	Name:	Organisation:
Position:		
Phone:		Email:

Student Details:

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

Student Referral Information

In what capacity do you know this student?	
When was the last time you saw this student?	
How long have you known this student?	
How much contact have you had in this time?	
Provide details of the student's past school history and their social/emotional development.	
What are the primary presenting issues or conditions relevant to this student'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"/> Pregnancy/childbirth <input type="checkbox"/> Suicide risk <input type="checkbox"/> Other (please specify): _____
What additional issues or conditions are relevant to this student's enrolment at the DECV?	
How will this student more effectively access education by enrolling at the DECV?	

Ongoing Support Information:

What specific supports will be in place while this student is enrolled at the DECV?	
What additional supports do you believe are necessary in order to support this student when enrolling at the DECV?	
What sort of connection will you be maintaining with the referred student?	

Please list other professionals/agencies assisting this student at the moment:

Name	Role	Contact Number/Email

Section B: 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 am prepared to be contacted to provide further information and for the purpose of supporting this student's progress.

Yes or **No**

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.

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"/> <input type="text"/> <input type="text"/>
School/Practitioner stamp (if applicable):	

Once completed, this form can be returned to the student, 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