

# 2020 Young Adult Referral Form



## Section A: Important information

This form is to be completed in order to determine an over 17-year-old student's eligibility for enrolment with Virtual School Victoria (VSV). 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.

The VSV recognises that an important factor for successful engagement with education is the establishment of effective support for health conditions, complex social circumstances and learning difficulties. Students are encouraged to have the supervision by a parent/carer or responsible adult.

Supervisors perform a range of duties including:

- facilitating communication between the student and teachers
- ensuring age appropriate adult supervision of the student
- engaging with material provided by VSV 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.

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

Referee Details	
Title: <input type="text"/>	Name: <input type="text"/>
Position: <input type="text"/>	Organisation: <input type="text"/>
Phone: <input type="text"/>	Email: <input type="text"/>

Student Details		
Name: <input type="text"/>	Gender: <input type="text"/>	Date of Birth: <input type="text"/>
Parent/Carer Name: <input type="text"/>	Phone: <input type="text"/>	
Previous school/s, year level and exit date: <input type="text"/>		

Student Referral Information	
In what capacity do you know this student?	<input type="text"/>
How long have you known this student?	<input type="text"/>

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Student Referral Information	
How much contact have you had in this time? Please indicate frequency.	
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 VSV?	<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"/> ASD <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Family issues <input type="checkbox"/> Gaming addiction <input type="checkbox"/> Chronic fatigue <input type="checkbox"/> Gender Dysphoria <input type="checkbox"/> Sleep disorder <input type="checkbox"/> Eating disorder <input type="checkbox"/> Trauma <input type="checkbox"/> Suicide risk <input type="checkbox"/> Pregnancy/parenting <input type="checkbox"/> Other: (please specify) _____
Does this student 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 or conditions are relevant to this student's enrolment at the VSV?	
How will this student more effectively access education by enrolling at the VSV?	

Ongoing Support Information	
What support or interventions will be put in place to enable your student/client to engage with online learning at VSV to the best of their ability?	
What additional supports do you believe are necessary in order to support this student whilst enrolled at VSV?	
What sort of connection will you be maintaining with the referred student?	

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

Name	Role	Contact Number/Email

## Section C: Endorsement of the enrolment

I recommend a **full enrolment** with VSV.  No  Yes

I recommend a **shared enrolment** with VSV and an appropriate mainstream school.  No  Yes

I am prepared to be contacted to provide further information and for the purpose of supporting this student.  No  Yes

I have obtained the consent of the parent/carer or independent student to provide this information to the Department of Education and Training and VSV.  No  Yes

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

School/  
Practitioner  
Stamp:  
(if applicable) \_\_\_\_\_

Once completed, this form can be returned to the student, or sent directly to VSV via post, fax, or email:

### Post:

Virtual School Victoria  
315 Clarendon Street,  
Thornbury, VIC 3071

### Fax:

(03) 9416 8487

### Email:

enrol@vsv.vic.edu.au

All information obtained in this form is dealt with in accordance with VSV's Privacy Policy and the Department of Education and Training policies and procedures regarding privacy and record keeping. Queries can be addressed to the VSV Enrolment Office on (03) 8480 000.