

YMCA VOCATIONAL SCHOOL

Referral Form (Form 2)

To be completed by previous school/referring agent, with carer and/or student

Referral Date

Unique Student Identifier (USI) Student Learner ID (LUI)

Student Given Name/s Student Surname

Student Date of Birth Student Gender

Student's Current Year Level Applying for Entry at Year Level

Applying for the following YMCA Vocational School Campus

Logan Campus and Trade Skills Centre (Senior 10-12), Kingston

Logan Campus (Junior 7-9), Kingston

Moreton Bay Campus (Senior, 10-12), North Lakes

Moreton Bay Campus (Junior, 7-9), Mango Hill

Ipswich Campus, Bundamba

Brisbane South Campus, Acacia Ridge

Redlands Campus, Victoria Point

Details of Referring Contact (referring agency/school staff)

Contact Given Name/s Contact Surname

Contact Direct Phone Number Contact Direct E-mail Address

Contact Organisation Contact Position with Organisation

Previous School Details (list most recently attended school first)

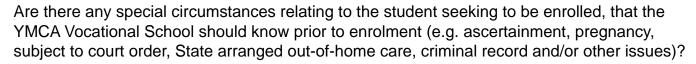
School # 1 Name School # 1 Suburb and Postcode

School # 1 Dates Attended (to, from) School # 1 Reason for Leaving

School # 2 Name School # 2 Suburb and Postcode

School # 2 Dates Attended (to, from) School # 2 Reason for Leaving

Special Circumstances



Yes

No

If yes, please provide a brief description of the circumstances:

Student's History Relevant to Risk Assessment

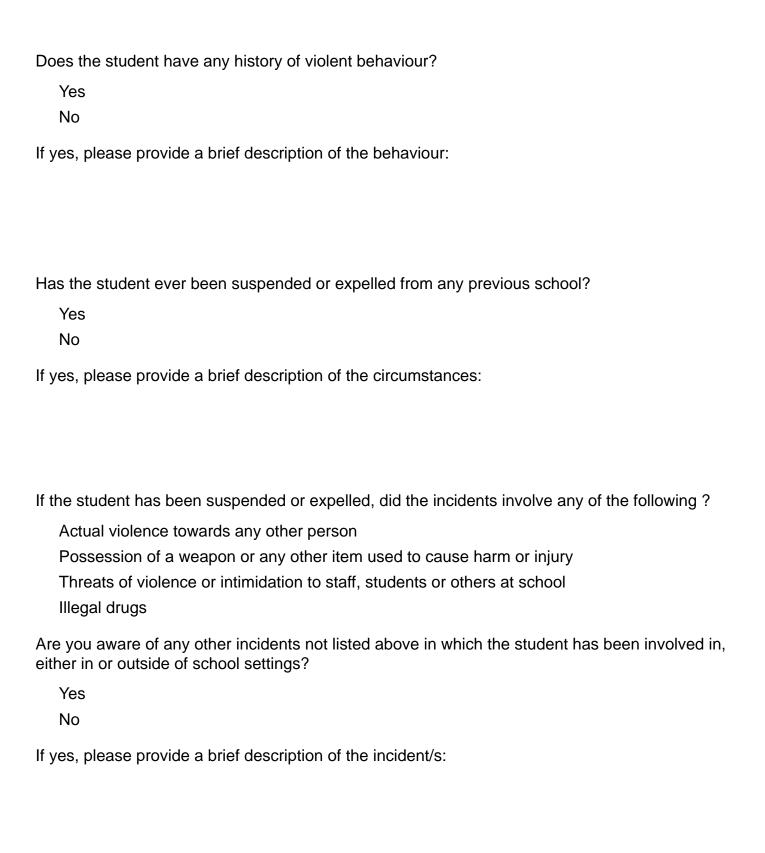
The YMCA Vocational School has a responsibility to assess and manage any risk of harm to its staff and students. This referral gives you the opportunity to provide the school with information that will help facilitate the smooth transition of the student into this school setting. This may include preparing appropriate strategies directed at meeting the particular needs of the student. Your responses to the questions below will help the school to support the student, and provide a safe working and educational environment for all students, staff and volunteers.

To your knowledge is there anything in the student's history or circumstances (including medical history) which might pose a risk of any type to him or her, other students, or staff at this school?

Yes

No

If yes, please provide a brief description of the student's medical or other history



How many weeks of support to the student, has your organisation provided, prior to referral?	
Please describe any adjustments that have been in please of any personalised education, behaviour or s	• •
Are you aware of any disability classified under the NCCD Yes, verified Yes, diagnosed Yes, imputed Not aware of any disability If the student has been verified, please provide their AIMS number	
If you are aware of a disability, which NCCD categor Social and emotional Cognitive Physical Sensory	y does it fall under
Are there any other organisations, or agencies (e.g. \ currently supporting the student to attend school? Yes No	
If yes, please provide the name of the organisation a	and details of a contact person:
Referral Signature	Date
Carer Signature	Date
Student Signature	Date