# Appendix C | Referral form template

### About this template

This template should be used by CRES Providers in Stage 1: Proactive engagement and awareness. Refer to section 4.1 of the **CRES Practice Guide** for more information on this step of the CRES process.

### To complete this template:

1. All template content *can* be tailored, but content highlighted in yellow **must** be updated to be relevant to your CRES. Consider your location and context, whether your CRES charges fees and whether you have additional local priority criteria. For example, “[council name]” must be replaced with the name of your council for content to make sense.
2. Change this form to CRES Provider branding

### How to use this form when completed:

1. Remove the first page of this document.
2. Distribute to MCH staff and support service staff for use referring families and carers who need additional support.

**REFERRAL FORM**

**Central Registration and Enrolment Scheme (CRES)**

 **[CRES provider]**

Date:

Version:

**Central Registration and enrolment SCHEME REFERRAL FORM**

**What is this referral form?**

This form should be used to collect the information from families and carers that you believe may find it difficult to complete kindergarten registration for their child.

This form is used by MCH (Maternal and Child Health), Child Protection, Child FIRST, Orange Door, LOOKOUT and other child and family support services staff to obtain consent from families and carers to have their contact information shared with [CRES Provider] for kindergarten registration and (where applicable) enrolment.

The contact information collected allows [CRES Provider] to initiate contact with the family or carer and provide support throughout the registration process.

**How to use this form**

If you assess that a family you are supporting will have difficulties completing the registration process alone, explain and complete this form with the family.

Information to assist in conversations about kindergarten, registration and enrolment, Priority of Access criteria and the cost of kindergarten is available in the Information for CRES Partners pack you received from [CRES Provider] and on the DE website at [Kindergarten | Victorian Government (www.vic.gov.au)](https://www.vic.gov.au/kindergarten).

If you assess that the family or carer may have difficulties completing registration alone:

1. Explain that you and [CRES Provider] can help them to register
2. Explain that any information collected is only for the purposes of supporting them to register their children for kindergarten, and the information will not be shared with any other organisation for any other purpose
3. Request that they sign this form to indicate they consent to you / your organisation sharing their details with [CRES Provider]
4. Note any need for an interpreter on the form
5. Return the form to the [CRES Provider] at [CRES contact email address].

If they are unable to give written consent or if it is impractical for them to do so, you may use the right column for verbal consent procedures. If you require a translated copy of this form to assist in your conversation with the family or carer, please contact [CRES Provider].

The referral form can be used to refer multiple children if the same family or carer is their legal guardian. Simply include each name in the *Child’s name* field in the form below.

**Referral from local support services to** **the [CRES Provider]’s Central Registration and Enrolment Scheme**

The information you are providing here will be sent to the [CRES Provider] so they can contact you to discuss enrolling your child in kindergarten. This information will not be shared with anyone else.

*For the referrer: Please read out the above statement if you are seeking verbal consent from a family or carer.*

[insert your organisation’s pro-forma privacy policy statement here]

|  |
| --- |
| Family details |
| Child’s first name |  |
| Child’s last name |  |
| Child’s date of birth |  |
| Parent/carer name |  |
| Parent/carer contact number |  |
| Parent/carer email address |  |
| Do you require an interpreter? |  [ ]  No [ ]  YesLanguage required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the child:* From a refugee or asylum seeker background, or
* Aboriginal and/or Torres Strait Islander, or
* Known to Child Protection
 |  [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes |

|  |
| --- |
| Referrer’s details |
| Worker / Practitioner organisation |  |
| Worker / Practitioner name |  |
| Worker / Practitioner position |  |
| Worker / Practitioner contact details | Phone – Email – |
| Worker / Practitioner Signature |  |
| Date | \_\_\_\_/\_\_\_\_/\_\_\_\_ |

|  |
| --- |
| **Written consent** |
| I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert agency name) contacting [CRES Provider] Central Registration and Enrolment Scheme team and giving them this information so they can help get my child into kindergarten.Parent / Authorised rep signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Verbal consent (this option should only be used where it is not practical to obtain written consent)** |
| I have discussed the content of this consent form with the parent / authorised representative and they have agreed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert agency name) contacting [CRES Provider] Central Registration and Enrolment Scheme team and giving them this information so they can help get my child into kindergarten.Worker / Practitioner Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |