



## 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 Y Schools Queensland Campus**

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

Logan Campus (Junior 7-9), Kingston

Moreton Bay Campus (Senior, 10-12), Mango Hill

Moreton Bay Campus (Junior, 7-9), North Lakes

Ipswich Campus (Senior, 10-12), Ipswich

Ipswich Campus (Junior 7-9), Bundamba

Brisbane South Campus (Senior 10-12), Parkinson

Brisbane South Campus (Junior 7-9), Acacia Ridge

Redlands Campus (Senior 10-12), Victoria Point

Redlands Campus (Junior 7-9), Victoria Point

Bundaberg Campus (Senior 10-12), Bundaberg

**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

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**Previous School Details (list most recently attended school first)**

Most recent school details are mandatory as we will need to obtain a copy of the existing transcript.

School # 1 Name

School # 1 Suburb and Postcode

School # 1 Dates Attended (to, from)

School # 1 Reason for Leaving

School # 1 E-mail Address

School # 1 Highest Year Level Achieved

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School # 2 Name

School # 2 Suburb and Postcode

School # 2 Dates Attended (to, from)

School # 2 Reason for Leaving

School # 2 E-mail Address

School # 2 Highest Year Level Achieved

## **Special Circumstances**

Are there any special circumstances relating to the student seeking to be enrolled, that the Y Schools Queensland should know prior to enrolment (e.g. ascertainment, pregnancy, subject to court order, State arranged out-of-home care, criminal record and/or other issues)?

Yes

No

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

## **Student's History Relevant to Risk Assessment**

The Y Schools Queensland 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

Does the student have any history of violent behaviour?

Yes

No

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

Has the student ever been suspended or expelled from any previous school?

Yes

No

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

If the student has been suspended or expelled, did the incidents involve any of the following ?

Actual violence towards any other person

Possession of a weapon or any other item used to cause harm or injury

Threats of violence or intimidation to staff, students or others at school

Illegal drugs

Are you aware of any other incidents not listed above in which the student has been involved in, either in or outside of school settings?

Yes

No

If yes, please provide a brief description of the incident/s:

How many weeks of support to the student, has your organisation provided, prior to referral?

Please describe any adjustments that have been in place to support the student. Please submit copies of any personalised education, behaviour or support plans.

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 category does it fall under

Social and emotional

Cognitive

Physical

Sensory

Are there any other organisations, or agencies (e.g. YFS, Yourtown etc) that have, or are currently supporting the student to attend school?

Yes

No

If yes, please provide the name of the organisation and details of a contact person:

**Please note that this referral form can not be accepted unless accompanied by a completed 'Form 1 – Application Checklist' and relevant supporting documents.**

Referral Signature

Date

Carer Signature

Date

Student Signature

Date