



# Referral Form

## Select Campus and complete all details

<input type="checkbox"/> GEELONG (Foundation to VCAL)	<input type="checkbox"/> CAULFIELD (Foundation to VCAL)	<input type="checkbox"/> MAIDSTONE (Primary Years 3 to 6)
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### Year Level/Program to be enrolled into at MacKillop School (select one only)

<input type="checkbox"/> MacKillop School – Please state Year Level:	<input type="checkbox"/> XTend (Geelong only)	<input type="checkbox"/> CIRC (Geelong only)
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### Year Level Student is enrolled in at Host School (or at last School attended)

Please state Year Level:	Date of this Referral:     /     /
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## Student's Details

Legal Surname				Preferred Name (if any)	
Legal First Given Name				Second Given Name (if any)	
Gender		Gender Student identifies as		Gender Pronouns	
Date of Birth	/ /	Does the Student have a Disability ID	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, ID No.	
Residential (Street) Address					
Suburb		State		Postcode	
VSN Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Would the Student be repeating a Year at MacKillop School?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Student's Current Residential Living Arrangements	<input type="checkbox"/> At home with TWO Guardians/Parents (biological/adoptive/foster, etc) <input type="checkbox"/> At home with ONE Guardian/Parent (biological/adoptive/foster, etc) <input type="checkbox"/> With a Relative (sibling, aunt, uncle, etc) <input type="checkbox"/> On their own (as an emancipated youth)		<b>Out of Home Care:</b> <input type="checkbox"/> In Residential Care <input type="checkbox"/> In Kinship Care <input type="checkbox"/> In Foster Care <input type="checkbox"/> Other (please state):		
Student's Legal Guardian	<input type="checkbox"/> Parent(s) (biological/adoptive/foster, etc) <input type="checkbox"/> Care by Secretary (DFFH)		<input type="checkbox"/> Kinship Care: <input type="checkbox"/> Other (please state):		

## Referrer's Details

**MacKillop Education cannot accept a Student who does not have a Host School to support the student's enrolment.**

Referral completed by	<input type="checkbox"/> Host School (current School student is enrolled at) <input type="checkbox"/> Legal Guardian (e.g. biological/adoptive/foster parents)	
	<input type="checkbox"/> Agency (e.g. DFFH, Kinship carer) <input type="checkbox"/> Other	
Referrer (Host School/Agency/etc)		
Contact Name (state full name)		Mobile Number
Job Title		Referrer's Telephone
Gender (optional)	Gender Referrer identifies as (optional)	Gender Pronouns (optional)
Email		
Referrer's Address		
Suburb	State	Postcode

# Legal Guardian(s) Details

## LEGAL GUARDIAN 1 (main contact for MacKillop School)

**Note:** The Legal Guardian is the person legally responsible for the Student. The Legal Guardian(s) may be the Student's Parent(s) (biological/adoptive/foster, etc), a person who has legal guardianship through a Care by Secretary Order or Court Order, a person who is appointed as a Kinship carer, etc.

Legal Surname				Preferred Name (if any)	
Legal First Given Name				Second Given Name (if any)	
Residential (Street) Address					
Suburb			State		Postcode
Email				Home Number	
Mobile Number				Work Number (if applicable)	
Guardian 1's Relationship to Student	<input type="checkbox"/> Biological Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
	<input type="checkbox"/> Step-parent	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> DFFH Caseworker		
	<input type="checkbox"/> Kinship Carer (Out of Home Care)		<input type="checkbox"/> Other (please state):		
	<input type="checkbox"/> Residential Carer (Out of Home Care)		<input type="checkbox"/> Agency (please state)		
Student lives with Guardian 1:	<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
	<input type="checkbox"/> Other (please state):				
Is Legal Guardian 1 aware of this Referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Discussion Pending				

## LEGAL GUARDIAN 2

Legal Surname				Preferred Name (if any)	
Legal First Given Name				Second Given Name (if any)	
Residential (Street) Address					
Suburb			State		Postcode
Email				Home Number	
Mobile Number				Work Number	
Guardian 2's Relationship to Student	<input type="checkbox"/> Biological Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Host Family	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
	<input type="checkbox"/> Step-parent	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> DFFH Caseworker		
	<input type="checkbox"/> Kinship Carer (Out of Home Care)		<input type="checkbox"/> Other (please state):		
	<input type="checkbox"/> Residential Carer (Out of Home Care)		<input type="checkbox"/> Agency (please state)		
Student lives with Guardian 2:	<input type="checkbox"/> Always	<input type="checkbox"/> Mostly	<input type="checkbox"/> Balanced	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
	<input type="checkbox"/> Other (please state):				
Is Legal Guardian 2 aware of this Referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Discussion Pending				

## Access or Activity Restrictions applicable to Student

Is there an Access Alert for the Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Access Type	<input type="checkbox"/> Court Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other (please state):
	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Intervention Order	
Give a brief summary of Access Alert and Restrictions that are <b>legally current on the Court Order</b>			
Is DFFH/Child Protection involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Caseworker	
Caseworker's Telephone/Mobile		Email	
What are the current risk factors?			
Names of any other family members attending MacKillop School			

## Student's Attendance History

### At current Host School (or last school attended)

Is this student currently attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what was the last date of attendance	/ /
If Yes, state the number of days and hours the child is attending school this week		Estimated percentage attendance is required	%
Please state any known reasons for non-attendance			
<b>Please provide a copy of the Student's Attendance Records for the last Semester.</b>			
Has the student had any suspensions and/or expulsions from the school currently enrolled at?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details and attach copies of documentation			
What is the Referrer's perception of current barriers to attendance			

### At previous schools (if known)

	Name of School	Dates Attended	Reason for Leaving	Planned or unplanned Exit?
1		/ / to / /		
2		/ / to / /		
3		/ / to / /		



**Describe the issues for this student associated with the following areas (as relevant)**

<b>Emotional/Mental Health</b>	
<b>Behaviour (including risk-taking, motivation, class participation and absenteeism)</b>	
<b>Strengths</b>	
<b>Interests</b>	
<b>Family Relationships/Issues</b>	
<b>Social Relationships (including peers, teaching staff and bullying)</b>	
<b>Offending Behaviour</b>	
<b>Academic Profile (including literacy/numeracy and academic performance)</b>	
<b>Medical and Disability issues (including specific learning difficulties)</b>	
<b>Grief and Loss</b>	
<b>Self-image</b>	
<b>Other Issues</b>	
<b>Is there additional Program funding for students with Disabilities funding attached to the education plan of this student? If yes, please identify the specific funding source category and level of funding below.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Give details of any known Agencies/Workers involved in the support of the student**

AGENCY/WORKER 1	
Name of Agency	
Agency Address	
Contact Name	Phone/Mobile
Contact's Email	
Support Provided	
AGENCY/WORKER 2	
Name of Agency	
Agency Address	
Contact Name	Phone/Mobile
Contact's Email	
Support Provided	
AGENCY/WORKER 3	
Name of Agency	
Agency Address	
Contact Name	Phone/Mobile
Contact's Email	
Support Provided	
AGENCY/WORKER 4	
Name of Agency	
Agency Address	
Contact Name	Phone/Mobile
Contact's Email	
Support Provided	
AGENCY/WORKER 5	
Name of Agency	
Agency Address	
Contact Name	Phone/Mobile
Contact's Email	
Support Provided	
AGENCY/WORKER 6	
Name of Agency	
Agency Address	
Contact Name	Phone/Mobile
Contact's Email	
Support Provided	

**Please attach another sheet if more Agencies/Workers are involved.**

# Host School Agreement

**MacKillop School is a specialist setting that provides education programs to support the student to return to their Host School. In most cases, expulsion is not a valid reason for not returning to the Host School. Host Schools must ensure that the student has a place and established relationship with a mainstream school, prior to submitting a Referral to MacKillop School.**

Host School			
Host School Representative Name		Host School Telephone	
Leadership Position		Mobile Number	
Has the Host School Representative agreed to the student returning, in alignment with the student transition policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If the student seeks a school exemption in future, does the Host School Representative agree to being the previous school contact for DET? (Note: MacKillop School is a referral setting that works at capacity at all times, meaning that a timely return is not always possible. This ensures that a student always has a place in a school, if required)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If a return is not possible, give details below of the reason and the alternative option that has been developed with the Regional Office and/or another mainstream school, including school name, contact name, position title, and contact telephone numbers.			

## Referrer's Declaration

Thank you for completing this Referral Form. The information you have provided will enable MacKillop School staff to properly assess the referral and all information will be treated confidentially.

MacKillop School works collaboratively with Referrers (Host Schools/Agencies) to enhance the educational outcomes for all students. If a student is enrolled at MacKillop School, the Host School/Agency (Referrer) will continue to be a critical support person and will remain involved in the following ways.

**As the Referrer, by submitting this referral form I acknowledge and agree that the Host School will:**

- Support the student, by attending the initial Referral Meeting and attending scheduled Student Support Group Meetings, during the child's enrolment at MacKillop.
- De-activate the student's enrolment, while the child is attending MacKillop and will then reactivate his/her enrolment, if the child returns to the Host School.
- Attend Care Team Meetings, as required.
- Contribute to, and support, Transition Plans into MacKillop and back to the Host School.
- Support the guardians to access enrolment at a suitable school, if the student does not return to the Host School.
- Advise the Legal Guardians that as the Referrer, I am responsible for arranging any NAPLAN testing they may request.
- Advise the Legal Guardians that as the Referrer, I am responsible for supporting and arranging any religious instructions/sacraments that they may request.

**Furthermore, I certify that the information contained within this Referral Form is correct:**

**NAME OF REFERRER:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURE OF REFERRER:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>MACKILLOP SCHOOL, CAULFIELD</b> (Foundation to Year 10) Principal: Angela Alibrando E-mail: <a href="mailto:angela.alibrando@mackillop.org.au">angela.alibrando@mackillop.org.au</a> Mobile: 0400 345 641 Office: (03) 9964 6610 (Aileen Keane) Address: 3 Cromwell Street, Caulfield North, VIC, 3161	<b>MACKILLOP SCHOOL, GEELONG</b> (Foundation to VCAL) Principal: Justin Roberts E-mail: <a href="mailto:justin.roberts@mackillop.org.au">justin.roberts@mackillop.org.au</a> Mobile: 0408 825 100 Office: (03) 5248 2557 (Denise Fricker) Address: 25-33 Oxford St, Whittington, VIC, 3219	<b>MACKILLOP SCHOOL, MAIDSTONE</b> (Primary Years 3 to 6) Principal: Caitlin Burman E-mail: <a href="mailto:caitlin.burman@mackillop.org.au">caitlin.burman@mackillop.org.au</a> Mobile: 0427 121 270 Office: (03) 8317 9700 (Mandy Tognella) Address: 10-12 Gilda St, Maidstone, VIC, 3012
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# Risk Assessment Matrix

Campus (please tick):  Geelong  Maidstone  Caulfield

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

Student name: \_\_\_\_\_

Name & position of person completing this form: \_\_\_\_\_

Please complete the follow Risk Assessment Matrix for the student you are referring to MacKillop School.  
Please note that for each indicator, a tick in the relevant coloured box and a rating and comment is required.

	Never	Rarely (has engaged in this behaviour on a few occasions)	Sometimes (has engaged in this behaviour on more than four occasions)	Often (has engaged in this behaviour in the past, and continues to do so almost weekly)	Almost Daily	Consequence Scale On a scale of 1-10 how would you rate the severity of the consequences of the students' behaviour, with 1 being not likely to cause injury/harm, 5 being likely to cause minor injury/harm and 10 being very likely to cause serious injury/harm or death.
Threat to Peers						Rating: Comment:
Threat to Staff						Rating: Comment:
Harm to Self - Undirected (accidental self-harm)						Rating: Comment:
Harm to Self - Directed (deliberate self-harm)						Rating: Comment:
Harm to Others - Undirected (accidental harm to others)						Rating: Comment:
Harm to Others - Directed (deliberate harm to others)						Rating: Comment:

<b>CLASSIFICATION:</b>	<b>NO KNOWN RISK</b>	<b>LOW RISK</b>	<b>MODERATE RISK</b>	<b>HIGH RISK</b>
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**Maidstone Campus**  
10-12 Gilda Street  
Maidstone VIC 3012  
(03) 8317 9700

**Geelong Campus**  
25-33 Oxford Street  
Whittington VIC 3219  
(03) 5248 2557

**Caulfield Campus**  
3 Cromwell Street  
Caulfield North VIC 3161  
(03) 9964 6600