

Referral / Application Form

Please note this form is a request and will not necessarily result in enrolment

Students Suraname: _____

Given Name/s: _____

Application for entry at year level: _____

School Year Level at: _____

Date of Application: _____

School / Organisation making this Referral / Application

School / Organisation name: _____

Person making this Referral / Application: _____

Position: _____

Contact Details Phone: _____ Mobile: _____

e-mail: _____

STUDENT DETAILS

Address: _____

Suburb: _____ Postcode: _____

Date of Birth (Please attach a copy of birth certificate / / Gender: Male Female _____

Country of Birth: _____ Language spoken at home: _____

Religion: _____

PRESENT / PAST SCHOOL DETAILS.

Name of School: _____

Address: _____ Postcode: _____

Student's current year level: _____ is the student's last report available? Yes / No

Can you provide past /present school reports, ascertainment information, SET plan and general education information? Yes / No

If No, YMCA VS will contact the current or previous school to obtain this information

Parent / Carer Signature agrees to this referral /Application _____ Date: __/__/__

Referral / Application Form

SIBLINGS

Do you have other children, or children in your care, who are currently enrolled at YMCA VS?

Name _____ Year Level: _____

Name: _____ Year Level: _____

PARENT / GUARDIAN DETAILS

Parent / Guardian Surname: _____

Given Name/s: _____ Title: _____

Home Address: _____ Postcode: _____

Home Phone _____ Mobile: _____

Email: _____

SPECIAL CIRCUMSTANCES

Are there any special circumstances about the student seeking to be enrolled, that the school should know prior to enrolment (e.g.; pregnancy, subject to court order, State arranged out-of-home care). Yes / No

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

STUDENT'S HISTORY RELEVANT TO RISK ASSESSMENT

YMCA VS has a responsibility to assess and manage any risk of harm to its staff and students. This application 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 your child, and provide a safe working and educational environment for all students, staff and volunteers.

Referral / Application Form

To your knowledge, is there anything in the child'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 your child's medical or other history;

Please provide names and contact details of health professionals or other relevant bodies that have knowledge of these issues;

Has the child have any history of violent behaviour? Yes / No

If yes, please provide details;

Has the child ever been suspended or expelled from any previous school? Yes / No

If yes, was this for;

Actual violence to any person? Yes/ No

Possession of a weapon, or any item used to cause harm or injury? Yes / No

Threats of violence or intimidation to staff, students, or others at school? Yes / No Illegal drugs?

Yes/ No

Referral / Application Form

Are you aware of any other incidents of the kind listed above in which your child has been involved outside of school settings? Yes / No

If yes to any of the above please provide a brief outline of these matters;

DECLARATION

I/We the undersigned, apply to have the above mentioned student enrolled at YMCA VS. I/We confirm that I/We have read and understood the 'Enrolment Policy and Guidelines', and agree to abide by these terms, conditions and policies. By signing below I/We undertake to notify the school immediately of any change of information in this application and acknowledge that the child may be placed on a waiting list for YMCA VS.

Parent / Guardian Signature: _____ Date: / /

Referral Signature: _____ Date: / /

Please forward this completed application to: _____

**The Administration Manager
YMCA Vocational School
41 – 45 Mary Street, Kingston
QLD 4114**

Phone: (07) 3440 4300

Fax: (07) 3440 4399

Office Use Only

Application Received: / /

Interview arranged: Time _____ am / pm Date: / /

Interviewer: _____

Interview Comments:

Signature: _____ Date: / /