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| **Referral Date:** | / / | ***Please forward all referrals to*** | | | | [vaccawestkooriekidsplaygroup@vacca.org](mailto:vaccawestkooriekidsplaygroup@vacca.org) |
| **Parent / Carer Details** | | | | | | |
|  | | | | | | |
| **Parent/carer Name:** |  | | **DOB:** | |  | |
| **Marital Status:** |  | | **Gender:** | |  | |
| **Relationship to Child/ren** |  | | | | | |
| **Contact Number(s):** |  | | | | | |
| **Best way to contact you:** | Phone  Email  Other: | | |  | | |
| **Address:** |  | | | | | |
|  | Street Address (include apartment/unit number, if any) Suburb, State, Postcode | | | | | |

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| **Children’s Information** | | | | | | | | |
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| **Name:** |  | **D.O.B.** |  | **Gender** |  | **Aboriginal and/ or Torres Strait Islander** |  | **Mob/Country** |
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| **Referrer Details** | |
| **Name:** |  |
| **Program / Organisation:** |  |
| **Mobile:** |  |
| **Email:** |  |

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| **Reason for Referral** |
| Click or tap here to enter text. |

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| **Do the family have their own transport?** | Yes  No | Click or tap here to enter text. |
| **Will the family need transport to playgroup each week?** | Yes  No | Click or tap here to enter text. |
| **Are the Children in out of home care? Yes / No** | Yes  No | Click or tap here to enter text. |
| **Is there current Child Protection involvement?** *If yes, please provide further information around there involvement* | Yes  No | Click or tap here to enter text. |
| **Do any of the children have any disabilities / additional needs / diagnosis.** *If yes, please provide further information* | Yes  No | Click or tap here to enter text. |

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| **Children’s Medical Details** | | |
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| **Child’s Name:** |  | **Medical Issue’s, Allergies, Disability, Support Needs** |
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| **Communication** |

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| **Language(s) Spoken:** | |  | | |
| **Literacy Support required?** | | Yes  No |  | |
| **Hearing Impairment?** | | Yes  No |  | |
| **Interpreter required?** | | Yes  No If **yes** please state which language: |  | |
|  | | | | |
| **Would the client like to have an advocate/support person?** (Personal or Professional) | | | | Yes  No |
| If **yes**, complete information below: | | | | |
| **Name:** |  | | |  |
| **Relationship to Client:** |  | | |  |
| **Organisations:** (if applicable) |  | | |  |
| **Contact Number:** |  | | |  |

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| **Emergency Contact Person for the child (Contact must be different to the Parent/Carer completing this form)** | |
|  | |
| **Name:** |  |
| **Relationship to Child** |  |
| **Contact No:** |  |

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| **Professional involvement** |

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| **How did you hear about Playgroup?** |  |
| **Are you currently involved with another VACCA program?**  If so, please complete the below table | Yes  No |

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| **Name of worker** |  | **Program name** |  | **Organisation/Location** |  | **Contact number** |  | **Current or Previous** |
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