

CALD Outreach Referral Form

For information or questions regarding cald referrals, please contact: kindergarten@hume.vic.gov.au or 9205 2538.

Consent

The content of this referral has been discussed with the parent/carer, and they have agreed to share their child's information and the contact details with the CALD Outreach Support Officer in Hume City Council.

Verbal Consent

Written Consent

Parent/Carer Name: _____

Parent/Carer Signature: _____

Date: _____

Family Details

Child's Full Name: _____

Child's Date of Birth: _____

Child's Gender: _____

Parent/Carer Name: _____

Phone Number: _____

Interpreter

Does the family require an interpreter?

Yes

No

Language needed? _____

Referrer Details

Referring Agency: _____

Referrers Name: _____

Referrers Position: _____

Email Address: _____

Details of Referral

Reason for Referral (Select at least 1 option):

3 and 4 Year Old Kindergarten Registration

Immunisation

Early Start Kindergarten (ESK)

Supported Playgroups

Maternal and Child Health Services (MCH)

Community Playgroups

Other Services (please specify): _____

Please briefly describe the type of support required (e.g. accessing immunisation statement, etc.):

Please scan and email this form to kindergarten@hume.vic.gov.au, refer to our website for more information on the CALD outreach program at www.hume.vic.gov.au/CALD.