



# REFERRAL FORM

SHINE for Kids

This form is for the purpose of getting some basic information about the children you want assisted and the type of assistance you are seeking. In order to assess whether it is suitable for Shine for Kids some further information will need to be sought. Attached to the Referral Form is a Release of Information Form which has to be completed and signed by the child/ren's carer and/ or imprisoned parent before we can proceed further.

DATE : \_\_\_\_\_

## CHILDREN BEING REFERRED

FIRST NAME	SURNAME	D.O.B	AGE	M/F

### For statistical purposes only – child/ren

Do your children wish to identify as      Aboriginal or      Torres Strait Islander?      **Please circle**

What is your child's country of origin? \_\_\_\_\_

Do your children require an interpreter?      **Yes/no**

Preferred Language spoken: \_\_\_\_\_

### Please outline the main reason/s for this referral

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## INMATE / DETAINEE PARENT INFORMATION

First Name	Surname	D.O.B	M/F	MIN #	Correctional Centre

Current Offence: \_\_\_\_\_ Release Date: \_\_\_\_\_

Inmate/detainee's relationship to child's carer: \_\_\_\_\_

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Level of contact between inmate/detainee & child/ren prior to imprisonment: \_\_\_\_\_

**For statistical purposes only – Imprisoned Parent**

Do you wish to identify as      Aboriginal or      Torres Strait Islander?      **Please circle**

What is your country of origin? \_\_\_\_\_

Do you require an interpreter?      Yes/no

Preferred Language spoken: \_\_\_\_\_

**CARER INFORMATION** (person/s currently caring for the child/ren)

**Carer 1**

First Name	Surname	M/F	Address	Phone
				<b>HM:</b>  <b>Mob:</b>  <b>Wk:</b>

Email: \_\_\_\_\_

Carers Relationship to Children: \_\_\_\_\_

**For statistical purposes only – Carer**

Do you wish to identify as      Aboriginal or      Torres Strait Islander?      **Please circle**

What is your country of origin? \_\_\_\_\_

Do you require an interpreter?      Yes/no

Preferred Language spoken: \_\_\_\_\_

**Carer 2** (where applicable)

First Name	Surname	M/F	Address	Phone
				<b>HM:</b>  <b>Mob:</b>  <b>Wk:</b>

Email: \_\_\_\_\_

Carers Relationship to Children: \_\_\_\_\_

**For statistical purposes only – Carer**

Do you wish to identify as      Aboriginal or      Torres Strait Islander?      **Please circle**

What is your country of origin? \_\_\_\_\_

Do you require an interpreter?      Yes/no

Preferred Language spoken: \_\_\_\_\_

**ORGANISATIONS PROVIDING ASSISTANCE TO FAMILY**

Name of organisation \_\_\_\_\_

Contact person \_\_\_\_\_ Position \_\_\_\_\_ Contact Number \_\_\_\_\_

Name of organisation \_\_\_\_\_

Contact person \_\_\_\_\_ Position \_\_\_\_\_ Contact Number \_\_\_\_\_

Please provide any additional information that may assist in assessing the request

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## REFERRER INFORMATION

Name: \_\_\_\_\_

Relationship to child/ren: \_\_\_\_\_

*If from an organisation:*

Agency name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

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

Where did you find out about Shine for Kids? \_\_\_\_\_

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### SHINE for Kids Use Only:

Date referral received: \_\_\_\_\_ Date referral receipt letter sent: \_\_\_\_\_

Date entered into data base: \_\_\_\_\_ Staff Member Name: \_\_\_\_\_



## RELEASE OF INFORMATION FORM

I \_\_\_\_\_ give my permission for SHINE for Kids to collect the personal information about myself which I have provided in this form and to use, disclose and otherwise handle that personal information in accordance with SHINE for Kids Privacy Policy, <http://www.shineforkids.org.au/privacy/index.html>. I understand that some of the personal information provided in this form will constitute "sensitive information" (as that term is defined in the *Privacy Act 1988* {Cth} **{Privacy Act}**).

Some of the information provided in this Form will constitute personal (including sensitive) information about other people. Where this is the case, I confirm that each of those people has given me permission to disclose that information to SHINE for Kids on the basis that SHINE for Kids may collect, use, disclose and otherwise handle this personal information in accordance with its Privacy Policy and that such handling will comply with the Privacy Act.

I understand that this information will not be divulged beyond the agencies named in the Privacy Policy without my specific consent and for the specific purpose of assessing my application for assistance.

Signed: \_\_\_\_\_ Name printed: \_\_\_\_\_

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

### Information for the inmate / detainee parent and carer

SHINE for Kids requires the information provided to enable us to make an informed decision about whether SHINE for Kids is able to assist your children, your family and yourself. Please provide as much information as possible to enable the process to occur as quickly as possible.

In processing your referral a confidential file will be created which enables your information to be kept securely.

If at any time you are not happy with the service you receive from SHINE for Kids please contact the Chief Executive Officer who will investigate your concerns with the appropriate worker as quickly as possible. SHINE for Kids always wants to improve its services and is happy to receive feedback.

By phone: ask to speak with the Chief Executive Officer (02) 9714 3000

By email to: the Chief Executive Officer [inquiries@shineforkids.org.au](mailto:inquiries@shineforkids.org.au)

By mail to: Chief Executive Officer  
SHINE for Kids  
PO Box 67  
ERMINGTON NSW 1700

**WHEN YOU HAVE COMPLETED THIS REFERRAL FORM, PLEASE SEND TO :**

**New South Wales referral requests to:**

SHINE for Kids – NSW

PO Box 67

ERMINGTON NSW 1700

Phone : (02) 9714 3000

Fax : (02) 9714 3033

Email : [referrals@shineforkids.org.au](mailto:referrals@shineforkids.org.au)

**Victorian referral requests to:**

SHINE for Kids – VIC

PO Box 2645

FOOTSCRAY VIC 3011

Phone : (03) 9688 2900

Fax : (03) 9688 2977

Email : [victoria@shineforkids.org.au](mailto:victoria@shineforkids.org.au)

**ACT referral requests to:**

SHINE for Kids – ACT

PO Box 7248

CANBERRA BC ACT 2610

Phone : (02) 62072572

Email : [act@shineforkids.org.au](mailto:act@shineforkids.org.au)

SHINE for Kids – Queensland

PO Box 601

AITKENVALE QLD 4814

Phone : 0402 487 908 or 0413 416 421

Email : [qld@shineforkids.org.au](mailto:qld@shineforkids.org.au)