



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 tick**

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

When you have completed this referral form – please send

New South Wales Referral Requests to:

SHINE for Kids - NSW

PO Box 67, Ermington NSW 1700

Phone: (02) 9714 3000

Fax: (02) 9714 3033

Victorian Referral Requests to:

SHINE for Kids - VIC

PO Box 2645, Footscray VIC 3011

Phone: (03) 9688 2900

Fax: (03) 9688 2977

inquiries@shineforkids.org.au

IMPRISONED PARENT

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

Current Offence: _____ Release Date: _____

Inmate's relationship to child's carer: _____

Level of contact between inmate & child/ren prior to imprisonment: _____

For statistical purposes only – Imprisoned Parent

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

What is your country of origin? _____

Do you require an interpreter? Yes/no

Preferred Language spoken: _____

CARER

(Person currently caring for the child/ren)

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

Email: _____

Carers Relationship to Children: _____

For statistical purposes only – Carer

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

What is your country of origin? _____

Do you require an interpreter? Yes/no

Preferred Language spoken: _____

OTHER AGENCIES PROVIDING ASSISTANCE

Name of agency _____

Contact person _____ Contact Number _____

Name of agency _____

Contact person _____ Contact Number _____

Name of agency _____

Contact person _____ Contact Number _____

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

REFERRER

Name: _____

Relationship to child/ren: _____

If from an organisation:

Agency name: _____

Contact Nos.: _____

Fax: _____

Position: _____

Email: _____

Signed: _____

Date: _____

Where did you find out about Shine for Kids? _____

SHINE for Kids Use Only:

Date referral received: _____ Date referral receipt letter sent: _____

Date entered into data base: _____ by Staff Member Name: _____



SHINE for Kids

RELEASE OF INFORMATION FORM

I _____ give my permission for SHINE for Kids Co-op Ltd to contact and exchange information regarding my Child/ren with any of the following.

This information is required by SHINE for Kids to enable them to carry out an assessment of my application for assistance.

Please tick the relevant people and organisation below:-

- SHINE for Kids staff and volunteers who are allocated to my case
- Custodial & Non Custodial Staff at Correctional Centres
- Parole Officers
- Child Protection Agencies
- Child's School, Counsellors, Teachers, Principals
- Foster Care Agency
- Carer of child/ren
- Vacro, Child Counsellor
- Other (please name) _____

I understand that this information will be treated as privileged information and will not be divulged beyond the above agencies without my specific consent and for the specific purpose of assessing my application for assistance.

Signed: _____ Name printed: _____

Date: _____ Witness: _____

Information for the Imprisoned Parent and Outside Carer

SHINE for Kids requires the following information to be gathered to enable its caseworkers 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 is possible. You will be issued with a letter detailing when your referral will be assessed and the time frame for responding to your request. A file will be created which enables your information to be kept within one file and locked away so no one outside of SHINE for Kids can access your file. At any time you are not happy with the service you receive from SHINE for Kids please contact the Administration Officer who would be happy to take your issues down and refer your concerns to the appropriate worker as quickly as possible, SHINE for Kids always wants to improve its services and is happy to receive feedback.