|  |
| --- |
| **Kairos Administration use only** |
| Date received |  |



**KAIROS COMMUNITY COLLEGE REFERRAL FORM – Deception Bay**

This form is to be completed by a suitable referee (i.e., Guidance Officer, Principal, Deputy Principal, Youth Worker, Specialists etc.), who understands the student’s educational background and sees a need of support for the student. Special Assistance Schools (SAS) in Queensland assist with students who have become disengaged or are at risk of disengagement from mainstream schooling. This may include behaviour, social and emotional matters or an influence of a disability.

Complete (all fields must be complete, provide as much information as possible) and return via email dbayadmin@kairos.qld.edu.au

**PARENT / GUARDIAN TO COMPLETE PAGE 1**

|  |
| --- |
| **STUDENT DETAILS – ALL FIELDS MUST BE COMPLETED** |
| **PLEASE ATTACH Report Cards to allow for QCE point tracking.** |
| Student First Name: | Student Last Name: | Date of Birth:  |
| Parent/Guardian Name: | Current Year Level: | Gender: M / F / Other If other: |
| Proposed start date: |
| Year Level Applying for: |
| Parent/Guardian Phone: | Student Current School: | Student Pronouns: |
| Parent/Guardian Address: |
| Parent/Guardian Email: |
| Does the person identify as being of Aboriginal, Torres Strait Islander or other cultural origin? No / Yes*please circle* Aboriginal Torres Strait Islander Other:  |
| Does the person have ASD, II, SED or any other verified disability? ***If YES, provide AIMS Student Details Report or confirmation letter from specialist.*** |
| Other disorders Kairos needs to know about? e.g. Anxiety, Depression, ADHD. |
| Does the person have any history in the Criminal Justice System? |
| STUDENT USI NUMBER (visit <https://www.usi.gov.au/students> to find or get your student’s USI):  |
| **IMPORTANT – PARENT/GUARDIAN AUTHORISATION** |
| I (parent/guardian name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorise (referee name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (organisation/school name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to disclose/transfer information and any supporting documents of (young person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to Kairos Community College.Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **IF REFERRAL IS SUCCESSFUL A TRANSFER NOTE WILL BE SENT REQUESTING MORE INFORMATION** |

**REFERRING SCHOOL / AGENCY TO COMPLETE PAGE 2**

|  |
| --- |
| **REFERRING SCHOOL / AGENCY DETAILS** |
| School / Agency: |
| Name of Referee: | Position: |
| Referee email: |
| Referee Phone: |
| Referee Signature: | Date:  |
| **REASON FOR REFERRAL – tick all that apply** |
|  | Behavioural Issues |  | Excluded |
|  | Bullying |  | Parent Request |
|  | Depression/Anxiety | Other: |
|  | Mental Health |
|  | Extra Support Required |
|  | Suspended |
| **BEHAVIOURAL, SOCIAL AND EMOTIONAL DETAILS – tick all that apply** |
|  | Ability to Self-Regulate |  | Danger Awareness |
|  | Ability to interact with peers |  | Effective conflict management skills |
|  | Ability to interact with adults |  | Ability to form and maintain friendships |
|  | Effective anger management |  | Responds to redirection |
|  | At risk behaviour |  | Understanding social norms |
| **STUDENT AIMS NUMBER**  |
|  |
| **DETAILS REGARDING HISTORY ABOVE/ RELEVANT INFORMATION** |
| (please provide as much information as possible, add extra pages if required) |
| **What is the student hoping to achieve by attending Kairos?** |
|  |

|  |  |
| --- | --- |
| **REFERRING SCHOOL / AGENCY CHECKLIST** | **✓ WHEN COMPLETE** |
| Referral form – all fields completed and signed |  |
| Previous 12 months student Report Cards attached (for QCE point tracking) |  |
| AIMS Student Details Report or confirmation letter attached if applicable |  |

