

PRESCHOOL FIELD OFFICER PROGRAM

Request for Service Form



(PSFO Office use only)

Date Received: DD / MM / YYYY

EARLY CHILDHOOD SERVICE - PROGRAM INFORMATION

Service Name		Phone No	
Address			
Email			
Early Childhood Teacher(s)		Early Childhood Educator(s)	

CHILD'S DETAILS

Name			Gender	
Address			Date of Birth	DD / MM / YYYY
Country of Birth		Cultural Background		
Aboriginal or Torres Strait Islander?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Health Care Card holder?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Preferred Language/Language spoken at home			Interpreter Required?	Y / N
Siblings: Names & Ages				

HISTORY

Hearing Checked	<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Checked	<input type="checkbox"/> YES <input type="checkbox"/> NO	MCH 3½ Year Check	<input type="checkbox"/> YES <input type="checkbox"/> NO
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SERVICE AGENCIES/SPECIALISTS INVOLVED OR WAITING FOR SERVICE

For example: Paediatrician, Speech Pathologist, Early Intervention, ECEI/NDIS, Family Services, Maternity & Child Health Nurse, ChildFIRST, CPU

Service Name	Contact Name	Telephone Number	
			Current/Waiting/Past
			Current/Waiting/Past
			Current/Waiting/Past
			Current/Waiting/Past

CURRENT EARLY CHILDHOOD EDUCATION TIMETABLE/ATTENDANCE

3-year-old Kindergarten?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Funded 4-year-old Kindergarten?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Early Start Kindergarten?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Monday	Tuesday	Wednesday	Thursday	Friday
Child's session times					
Teacher non-contact times					

EARLY ABLES

Have you completed Early ABLES? YES NO
 For Early ABLES information, refer to: education.vic.gov.au/EarlyAbles

PARENT/GUARDIAN DETAILS

Parent/Guardian 1			
Name		Relationship to the Child	
Phone Number		Occupation (optional)	
Email			

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Parent/Guardian 2			
Name		Relationship to the Child	
Phone Number		Occupation (optional)	
Email			
Are there any current custody arrangements or court orders relevant to this referral? <i>Note. Please attach copies of any orders</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO

Teacher & Family Perspectives (To be completed collaboratively)
<p>Please briefly outline the child's STRENGTHS and CHALLENGES within the Victorian Early Years Learning and Development Framework (VEYLDF) Outcomes • Identity • Community • Wellbeing • Learning • Communication</p>

Teacher/Team Reflection
<p>What support do you as the Early Childhood Teacher(s) and your team seek from the PSFO Service?</p>
<p>Please briefly describe: Strategies that you have implemented. Any successes? Any discussions held with the family?</p>

REFERRED BY		
Name		Date: DD / MM / YYYY
Signed:	<p>I have discussed this referral with the parent/guardian. I am satisfied they understand the proposed referral and I have their informed consent for the release of information.</p>	<p>_____</p> <p><i>Signature</i></p>

PARENT/GUARDIAN CONSENT	
<p>Uniting is committed to keeping your personal information private.</p> <p>We won't share information about you or your family with anyone outside Uniting without your permission, unless we are legally or ethically obliged to. We are bound by the Privacy Act 1988 (Commonwealth) and supporting state laws.</p> <p>Your details may be collected and disclosed to the Department of Education and Training (the department) for specific purposes, including for the department's auditing, monitoring and reporting.</p> <p>Our privacy policy (https://www.unitingvictas.org.au/privacy/) sets out general information about how we manage your personal information and how you can contact us to access and update the information we hold about you.</p> <p>I consent to (please tick)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral to the Preschool Field Officer Program. <input type="checkbox"/> Information exchange between the Preschool Field Officer/Preschool Field Officer Program and external agencies/specialists listed above. <p><i>(Note. At Least One Signature Required)</i></p>	

Signed by Parent/Guardian 1		Date	DD / MM / YYYY
Signed by Parent/Guardian 2		Date	DD / MM / YYYY

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PRESCHOOL FIELD OFFICER CONTACT DETAILS		
Region	Local government area	Contact
NORTH WEST REGION	<i>Whittlesea, Banyule, and Nillumbik</i>	psfo.northwest@vt.uniting.org
NORTH EAST REGION	<i>Maroondah and Whitehorse</i>	psfo.ringwood@vt.uniting.org
SOUTH EAST REGION	<i>Frankston and Mornington</i>	psfo.frankston@vt.uniting.org
	<i>Port Phillip, Stonnington and Glen Eira</i>	psfo.southmelbourne@vt.uniting.org
	<i>Bayside and Kingston</i>	psfo.beaumaris@vt.uniting.org
	<i>East Gippsland & Wellington</i>	psfo.eastgippsland.wellington@vt.uniting.org PO Box 454, BAIRNSDALE, Vic., 3875 03 5152 9600
SOUTH WEST REGION	<i>Maribyrnong & Melbourne</i>	psfo.maribyrnongmelbourne@vt.uniting.org PO Box 4, NORTH MELBOURNE, Vic., 3051
	<i>Horsham Rural City, Hindmarsh, Northern Grampians, West Wimmera and Yarriambiack</i>	psfo.wimmera@vt.uniting.org 185 Baillie Street, HORSHAM, Vic., 3400 03 5362 4084