Uniting Preschool Field Officer Program

The PSFO Program Online Referral Form

A step-by-step guide

Uniting

The PSFO Program Online Referral Form

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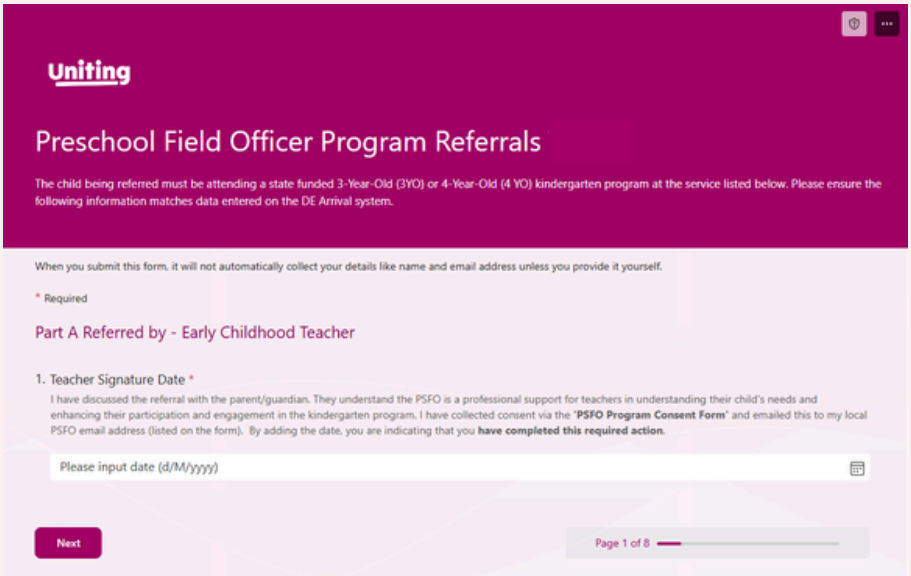
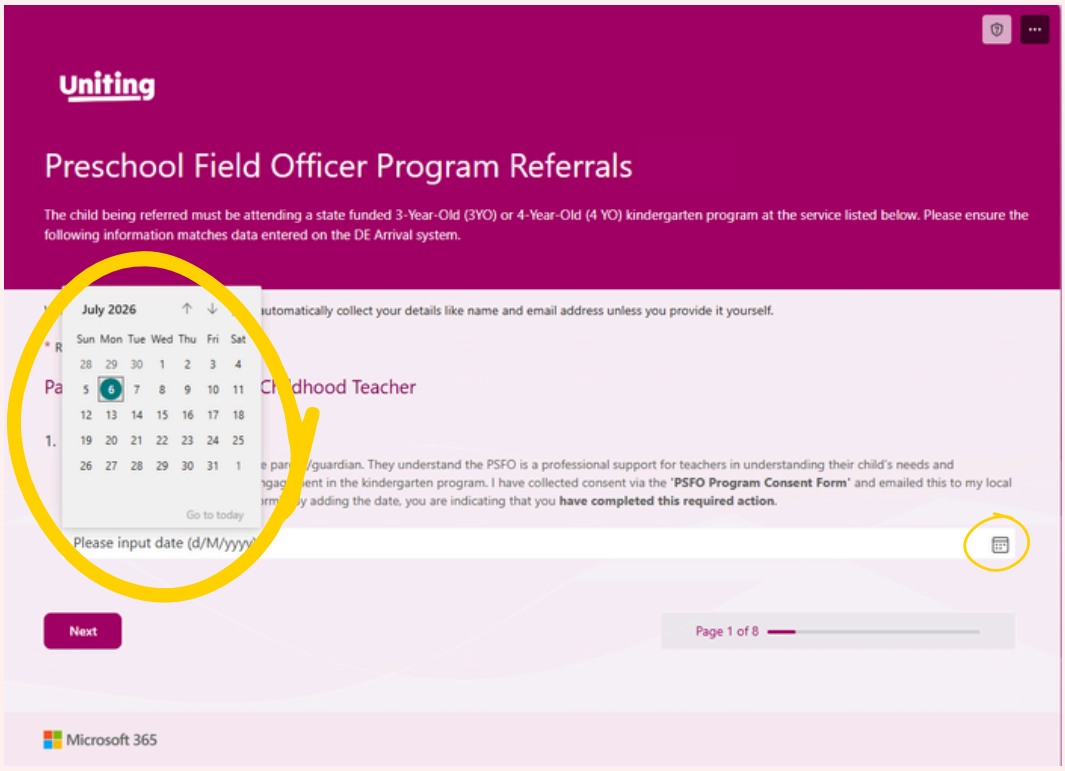
The PSFO Program Online Referral Form
Part A

Before proceeding, please note to be eligible for the PSFO Program the child being referred must be attracting their Kindergarten funding at your service in the 3-Year-Old or 4-Year-Old Kindergarten Program.



When you click the link this is the first screen that you will see.

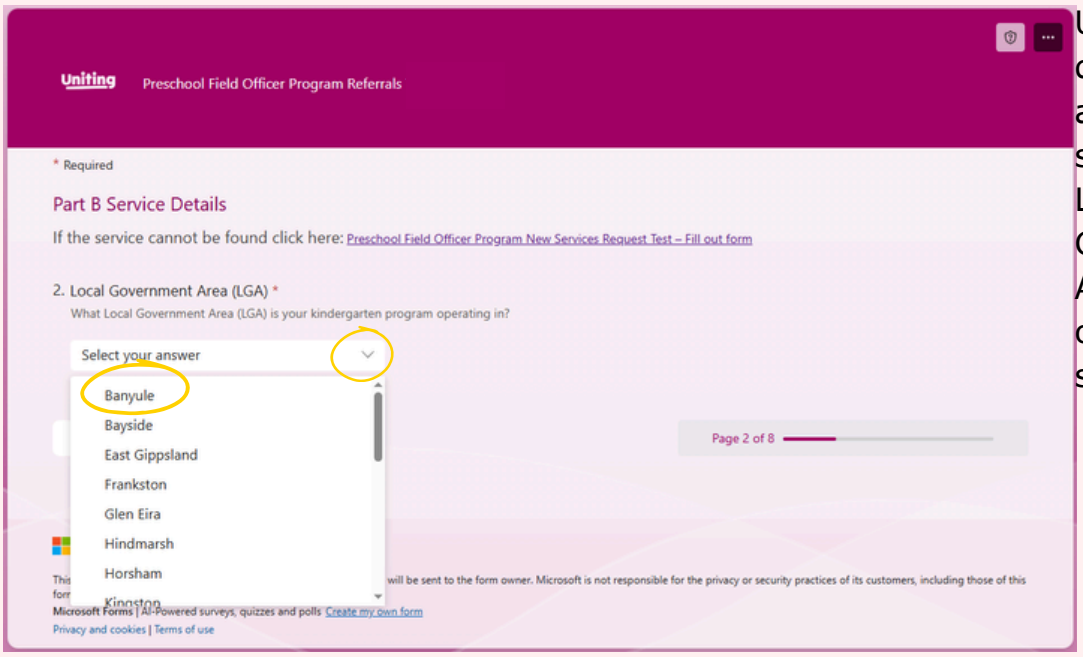
Click the calendar icon and the calendar will appear, select todays date. This acts as your (the teacher) digital signature for the form.



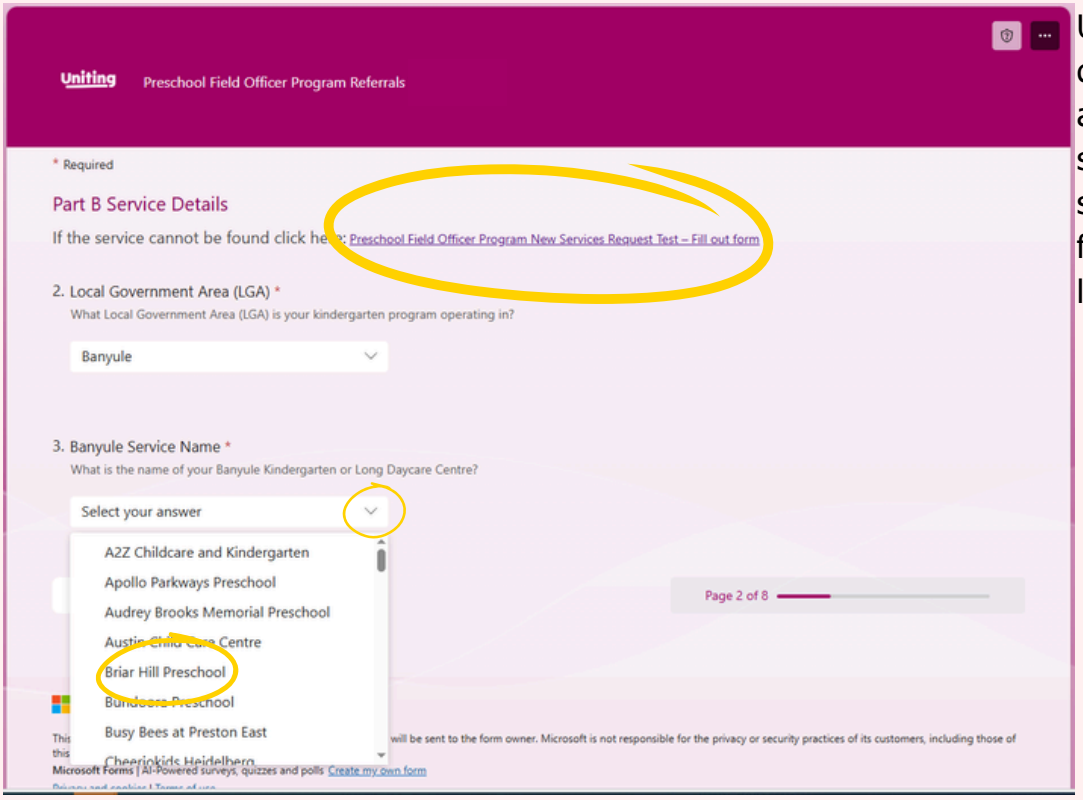
Please complete the Parent Consent Form before completing the online referral form, we need to have parent consent to begin supporting you.

The PSFO Program Online Referral Form

Part B



Use the drop-down arrow to select the Local Government Area (LGA) of your service.



Use the drop-down arrow to select your service from the list.

If you cannot find your service, use the link at the top of the page to request a new service be added to the list.

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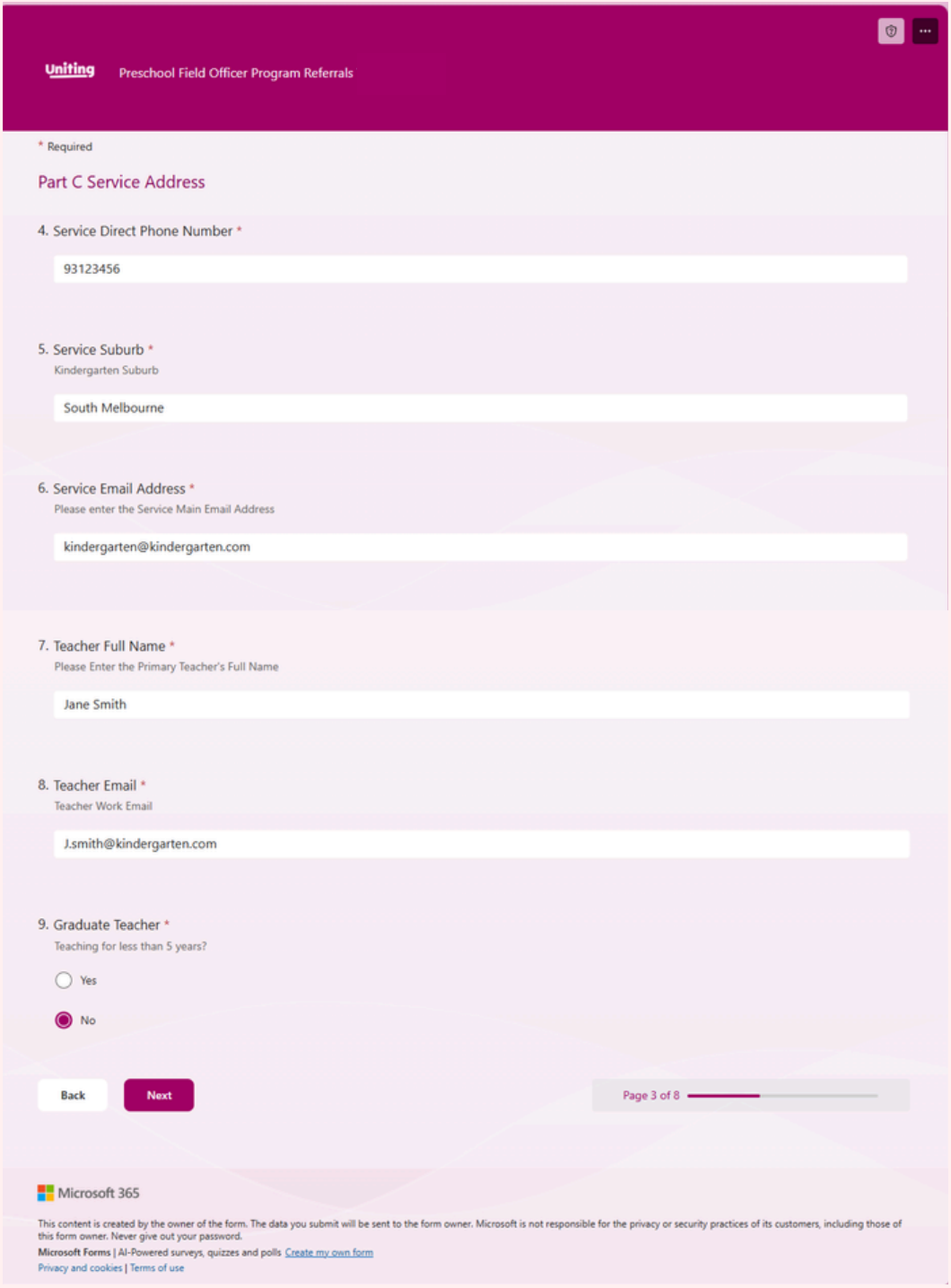
Part C



Key in the service information. Any questions with a red asterisk (*) must be completed, you will not be able to move to the next section or submit the from without answering these questions.

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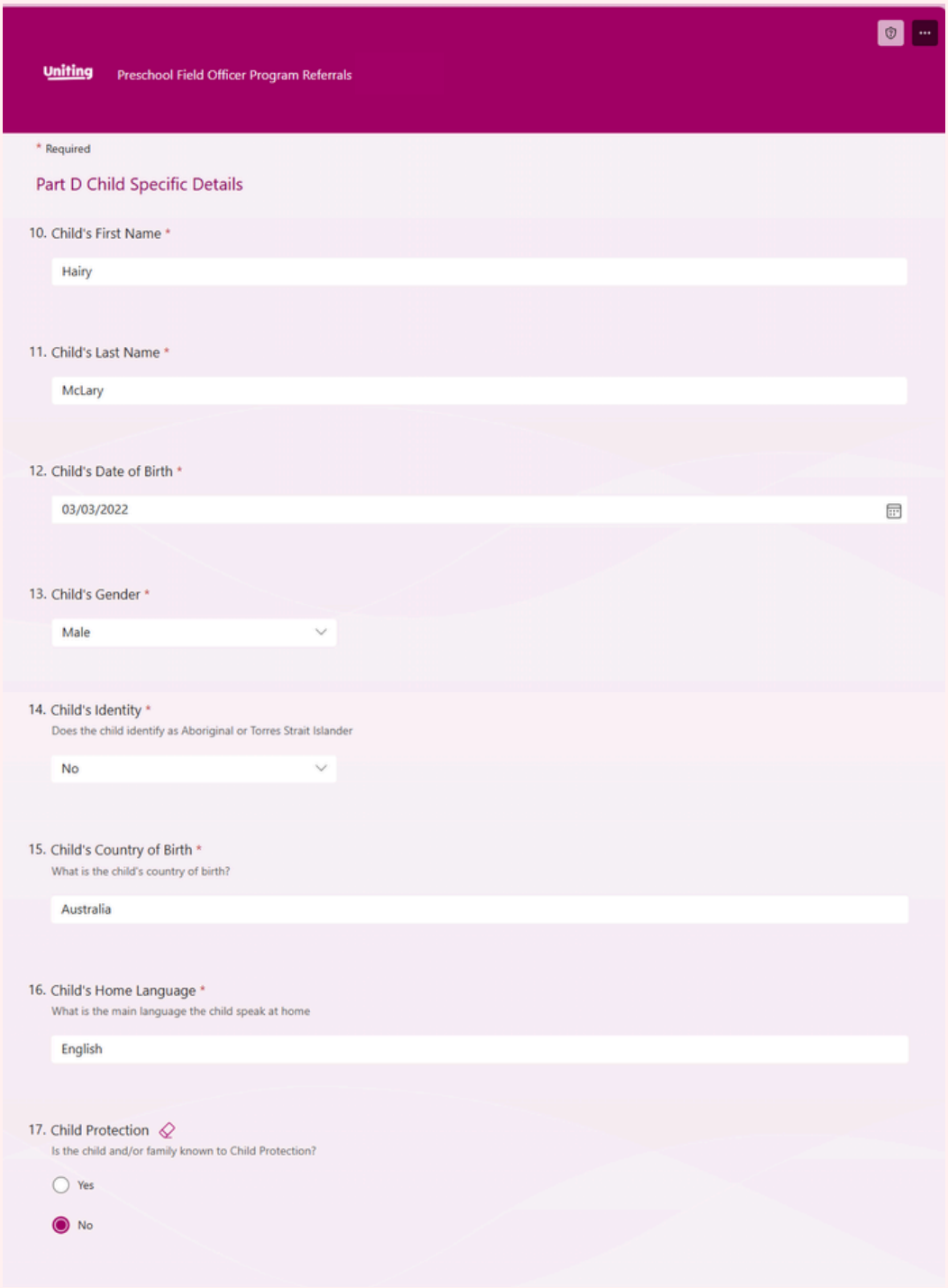
Part D (1)



Key in the service information. Any questions with a red asterisk (*) must be completed, you will not be able to move to the next section or submit the from without answering these questions.

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Part D (2)

Key in the service information. Any questions with a red asterisk (*) must be completed, you will not be able to move to the next section or submit the from without answering these questions.

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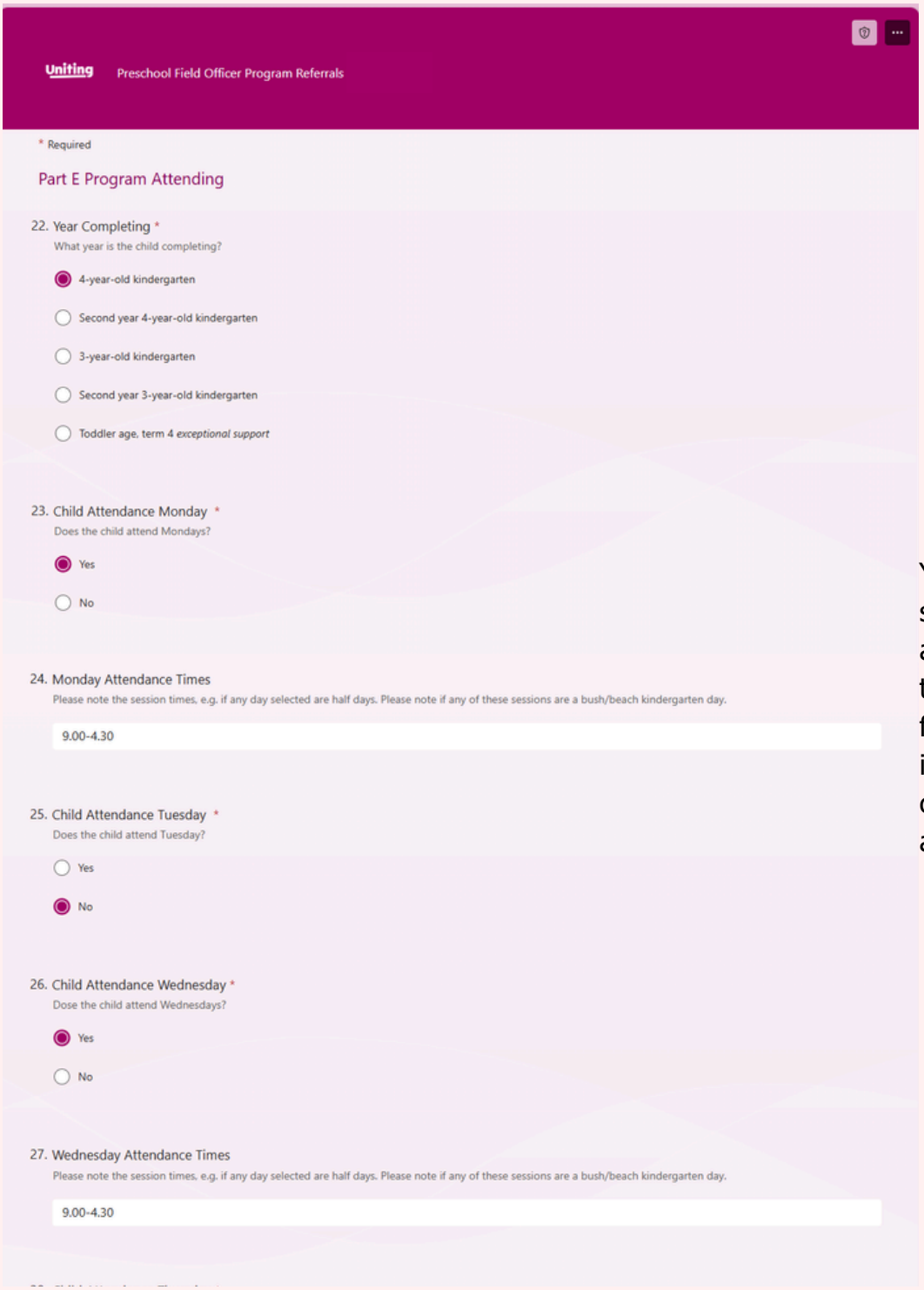
Part E (1)



You will only see attendance time pop up for days you indicate the child attends.

Attendance times are more relevant for sessional kindergarten

Key in the service information. Any questions with a red asterisk (*) must be completed, you will not be able to move to the next section or submit the from without answering these questions.

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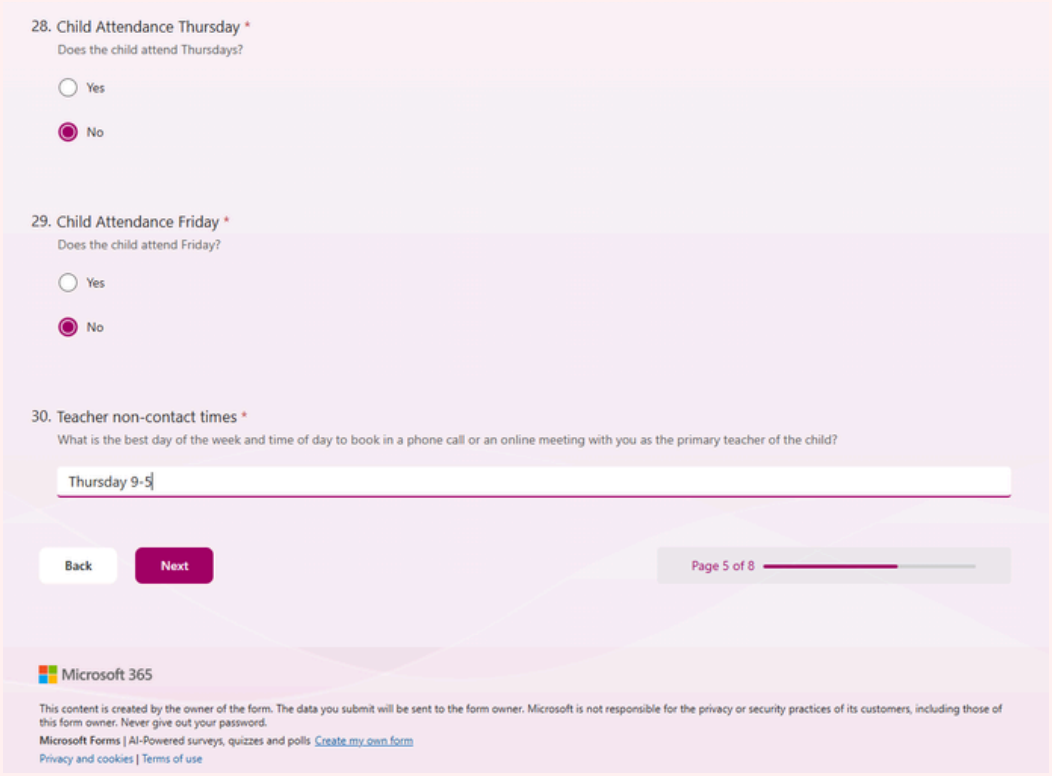
Part E (2)



Key in the service information. Any questions with a red asterisk (*) must be completed, you will not be able to move to the next section or submit the from without answering these questions.

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Part F (1)

Tick the areas relevant to your reason for referring the child.

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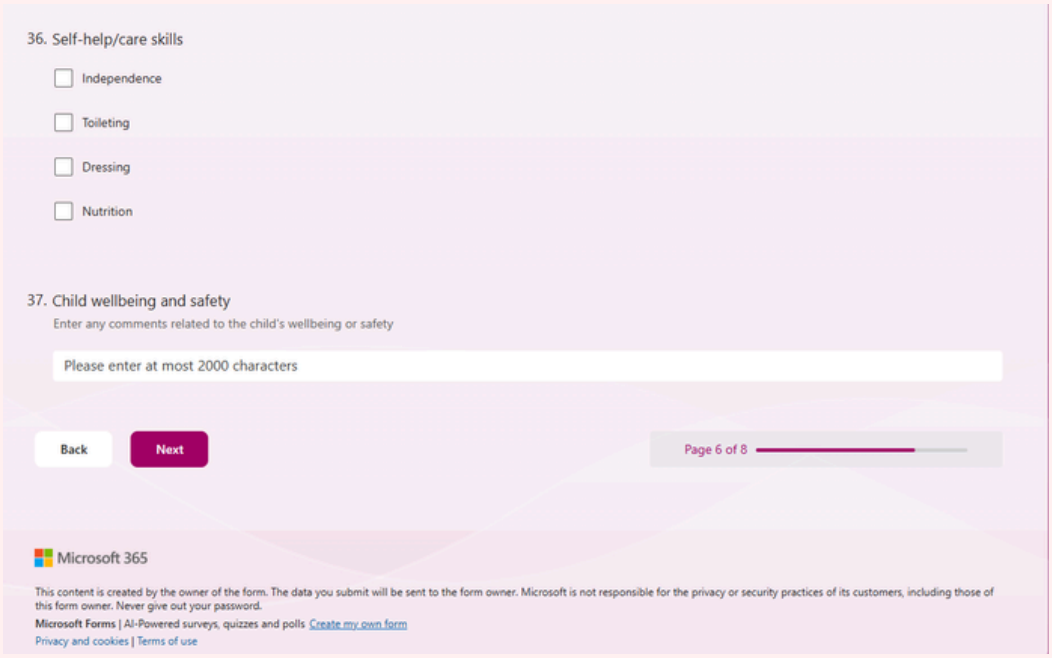
Part F (2)



If the reason for your referral includes any wellbeing and safety related concerns please type a brief description in the box (question 37).

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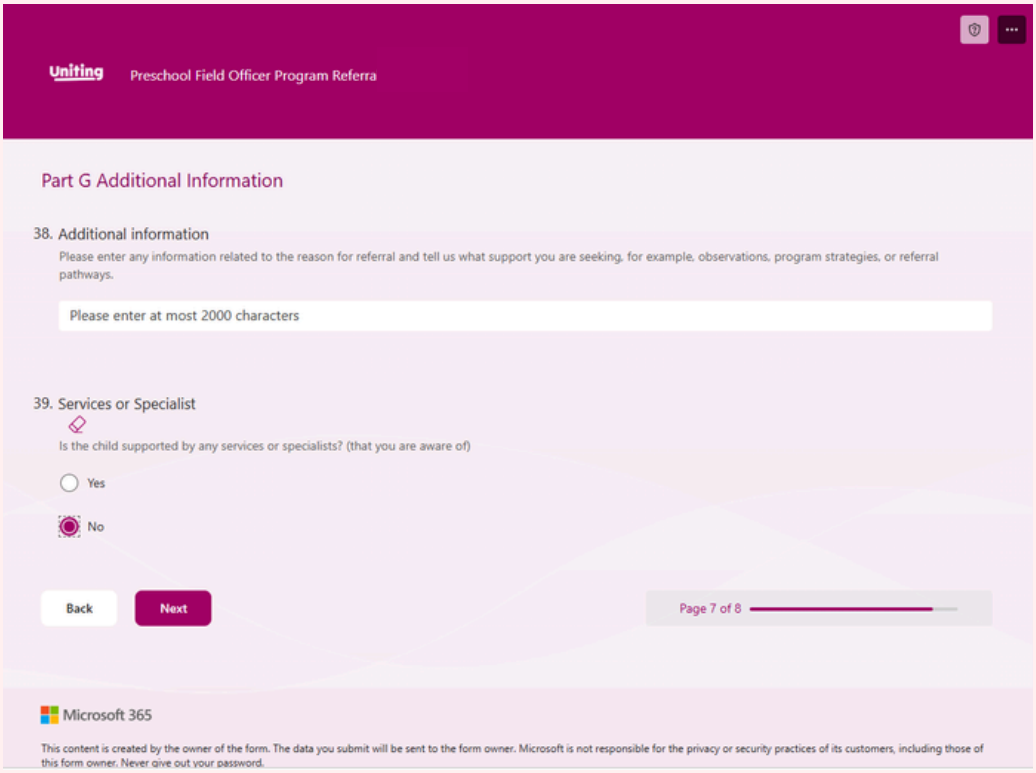
Part G



Key in the additional information, give a brief description for the reason for referral.

Indicate yes, if the child is connected to any services or specialists, such as allied health professionals, specialist medical services or social services programs.

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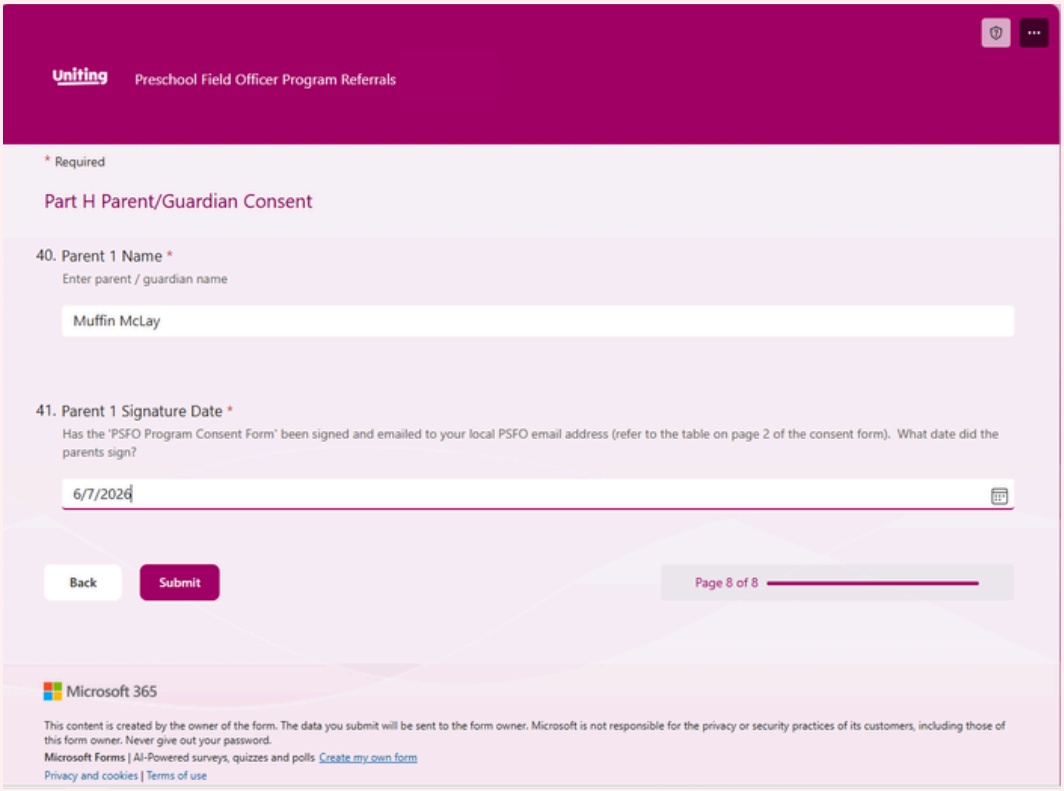
Part H



Add the name of the parent who completed the parent consent form and the date they signed the form.

Please ensure you have completed and sent the parent consent form to your local PSFO email address, the PSFO team will not be able to begin support without receiving a copy of the parent consent from.