

Uniting Preschool Field Officer Program

The PSFO Program Online Referral Form

A step-by-step guide



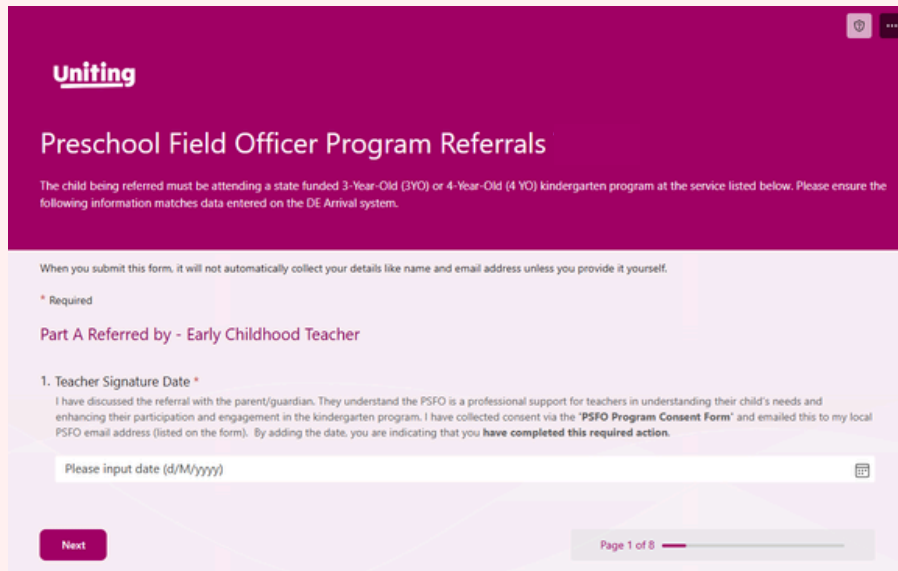
The PSFO Program Online Referral Form

 Part A Referred by - Early Childhood Teacher	Pg 3
 Part B Service Details	Pg 4
 Part C Service Address	Pg 5
 Part D Child Specific Details	Pg 6-7
 Part E Program Attending	Pg 8-9
 Part F Reason for the Referral	Pg 10-11
 Part G Additional Information	Pg 12
 Part H Parent/Guardian Consent	Pg 13

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.



Uniting

Preschool Field Officer Program Referrals

The child being referred must be attending a state funded 3-Year-Old (3YO) or 4-Year-Old (4 YO) kindergarten program at the service listed below. Please ensure the following information matches data entered on the DE Arrival system.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

* Required

Part A Referred by - Early Childhood Teacher

1. Teacher Signature Date *

I have discussed the referral with the parent/guardian. They understand the PSFO is a professional support for teachers in understanding their child's needs and enhancing their participation and engagement in the kindergarten program. I have collected consent via the 'PSFO Program Consent Form' and emailed this to my local PSFO email address (listed on the form). By adding the date, you are indicating that you **have completed this required action**.

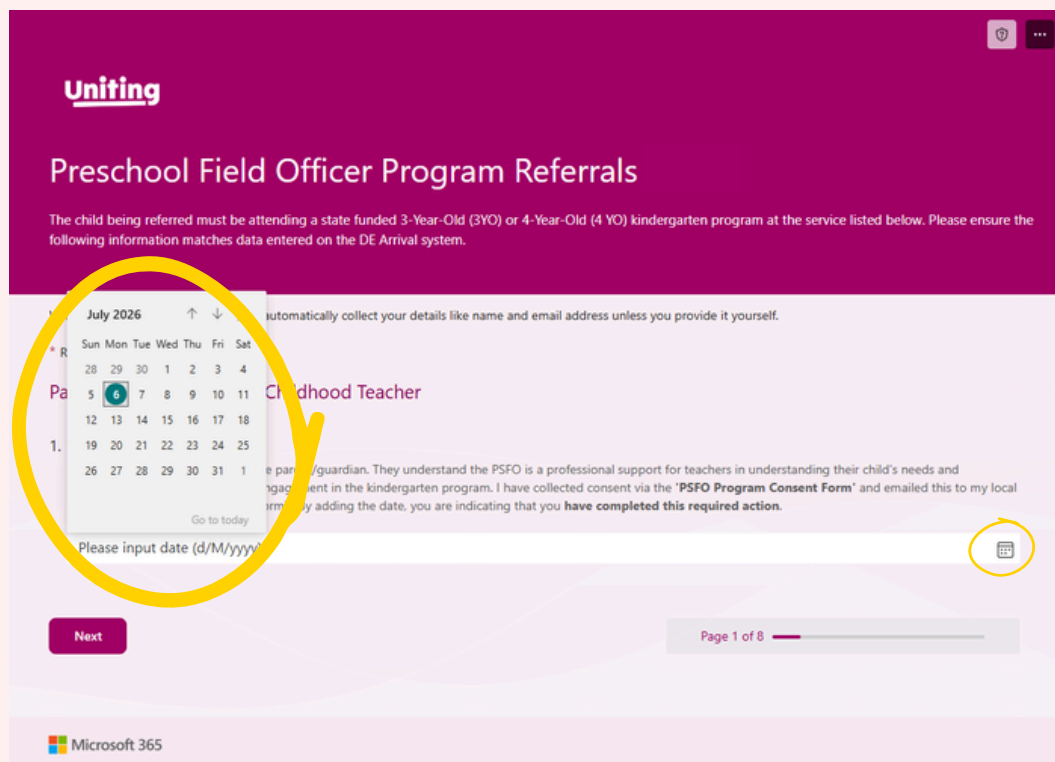
Please input date (d/M/yyyy)

Next

Page 1 of 8

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

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



Uniting

Preschool Field Officer Program Referrals

The child being referred must be attending a state funded 3-Year-Old (3YO) or 4-Year-Old (4 YO) kindergarten program at the service listed below. Please ensure the following information matches data entered on the DE Arrival system.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

* Required

Part A Referred by - Early Childhood Teacher

1. Teacher Signature Date *

I have discussed the referral with the parent/guardian. They understand the PSFO is a professional support for teachers in understanding their child's needs and enhancing their participation and engagement in the kindergarten program. I have collected consent via the 'PSFO Program Consent Form' and emailed this to my local PSFO email address (listed on the form). By adding the date, you are indicating that you **have completed this required action**.

Please input date (d/M/yyyy)

Next

Page 1 of 8

Microsoft 365

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

Uniting Preschool Field Officer Program Referrals

* Required

Part B Service Details

If the service cannot be found click here: [Preschool Field Officer Program New Services Request Test – Fill out form](#)

2. Local Government Area (LGA) *

What Local Government Area (LGA) is your kindergarten program operating in?

Select your answer

- Banyule
- Bayside
- East Gippsland
- Frankston
- Glen Eira
- Hindmarsh
- Horsham
- Kinnston

Page 2 of 8

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

Uniting Preschool Field Officer Program Referrals

* Required

Part B Service Details

If the service cannot be found click here: [Preschool Field Officer Program New Services Request Test – Fill out form](#)

2. Local Government Area (LGA) *

What Local Government Area (LGA) is your kindergarten program operating in?

Banyule

3. Banyule Service Name *

What is the name of your Banyule Kindergarten or Long Daycare Centre?

Select your answer

- A2Z Childcare and Kindergarten
- Apollo Parkways Preschool
- Audrey Brooks Memorial Preschool
- Austin Child Care Centre
- Briar Hill Preschool
- Bundeena Preschool
- Busy Bees at Preston East
- Cheerinkids Heidelberg

Page 2 of 8

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.

The PSFO Program Online Referral Form

Part C

The screenshot displays the 'Part C Service Address' section of the PSFO Program Online Referral Form. The form is titled 'Part C Service Address' and includes a red asterisk (*) indicating required fields. The form is divided into two main sections: 'Service Address' and 'Teacher Information'. The 'Service Address' section contains three fields: '4. Service Direct Phone Number *' with the value '93123456', '5. Service Suburb *' with the value 'South Melbourne', and '6. Service Email Address *' with the value 'kindergarten@kindergarten.com'. The 'Teacher Information' section contains three fields: '7. Teacher Full Name *' with the value 'Jane Smith', '8. Teacher Email *' with the value 'J.smith@kindergarten.com', and '9. Graduate Teacher *' with the value 'No'. The form includes a 'Back' button and a 'Next' button. A progress bar at the bottom indicates 'Page 3 of 8'. The footer includes the Microsoft 365 logo and a disclaimer: 'This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password. Microsoft Forms | AI-Powered surveys, quizzes and polls. Create my own form. Privacy and cookies | Terms of use'.

* Required

Part C Service Address

4. Service Direct Phone Number *

93123456

5. Service Suburb *

Kindergarten Suburb

South Melbourne

6. Service Email Address *

Please enter the Service Main Email Address

kindergarten@kindergarten.com

7. Teacher Full Name *

Please Enter the Primary Teacher's Full Name

Jane Smith

8. Teacher Email *

Teacher Work Email

J.smith@kindergarten.com

9. Graduate Teacher *

Teaching for less than 5 years?

☐ Yes

☒ No

Back Next

Page 3 of 8

Microsoft 365

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Microsoft Forms | AI-Powered surveys, quizzes and polls. [Create my own form](#)

[Privacy and cookies](#) | [Terms of use](#)

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 form without answering these questions.

The PSFO Program Online Referral Form

Part D (1)

* Required

Part D Child Specific Details

10. Child's First Name *

Hairy

11. Child's Last Name *

McLary

12. Child's Date of Birth *

03/03/2022

13. Child's Gender *

Male

14. Child's Identity *

Does the child identify as Aboriginal or Torres Strait Islander

No

15. Child's Country of Birth *

What is the child's country of birth?

Australia

16. Child's Home Language *

What is the main language the child speak at home

English

17. Child Protection

Is the child and/or family known to Child Protection?

☐ Yes

☒ No

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 form without answering these questions.

The PSFO Program Online Referral Form

Part D (2)

18. Out of Home Care (OoHC) *
Is the child currently in Out of Home Care (OoHC)?

☐ Yes

☒ No

19. NDIS/ECEI 
Does the child have Early Intervention Supports?

☐ Yes

☒ No

20. Early Start Kindergarten (ESK) *
Is the child classified as an Early Start to Kindergarten (ESK) place?

☐ Yes

☒ No

21. Access to Early Learning (AEL) *
Is the child classified as Access to Early Learning (AEL) place?

☐ Yes

☒ No

☐ Yes

☒ No

20. Early Start Kindergarten (ESK) *
Is the child classified as an Early Start to Kindergarten (ESK) place?

☐ Yes

☒ No

21. Access to Early Learning (AEL) *
Is the child classified as Access to Early Learning (AEL) place?

☐ Yes

☒ No

[Back](#) [Next](#)

Page 4 of 8

Microsoft 365

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.
Microsoft Forms | AI-Powered surveys, quizzes and polls: [Create my own form](#)
[Privacy and cookies](#) | [Terms of use](#)

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 form without answering these questions.

The PSFO Program Online Referral Form

Part E (1)

Uniting Preschool Field Officer Program Referrals

* Required

Part E Program Attending

22. Year Completing *

What year is the child completing?

☒ 4-year-old kindergarten

☐ Second year 4-year-old kindergarten

☐ 3-year-old kindergarten

☐ Second year 3-year-old kindergarten

☐ Toddler age, term 4 exceptional support

23. Child Attendance Monday *

Does the child attend Mondays?

☒ Yes

☐ No

24. Monday Attendance Times

Please note the session times, e.g. if any day selected are half days. Please note if any of these sessions are a bush/beach kindergarten day.

9.00-4.30

25. Child Attendance Tuesday *

Does the child attend Tuesday?

☐ Yes

☒ No

26. Child Attendance Wednesday *

Does the child attend Wednesdays?

☒ Yes

☐ No

27. Wednesday Attendance Times

Please note the session times, e.g. if any day selected are half days. Please note if any of these sessions are a bush/beach kindergarten day.

9.00-4.30

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 form without answering these questions.

The PSFO Program Online Referral Form

Part E (2)

28. Child Attendance Thursday *

Does the child attend Thursdays?

☐ Yes

☒ No

29. Child Attendance Friday *

Does the child attend Friday?

☐ Yes

☒ No

30. Teacher non-contact times *

What is the best day of the week and time of day to book in a phone call or an online meeting with you as the primary teacher of the child?

Thursday 9-5

Back Next

Page 5 of 8

Microsoft 365

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Microsoft Forms | AI-Powered surveys, quizzes and polls [Create my own form](#)

[Privacy and cookies](#) | [Terms of use](#)

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 form without answering these questions.

The PSFO Program Online Referral Form

Part F (1)

 **Uniting** Preschool Field Officer Program Referrals

Part F Reason for the Referral/Request

31. Social Emotional

☐ Separation

☐ Resilience

☐ Peer Relationships

☐ Cooperation

32. Learning/Play Skills

☒ Perseverance

☐ Concentration

☐ Memory

☐ Problem Solving

33. Physical

☐ Gross Motor Skills

☐ Fine Motor Skills

☐ Endurance

☐ Spatial Awareness

34. Communication

☒ Expressive Language

☐ Receptive Language

☐ Pragmatic Language

☐ Articulation

35. Behaviour

☐ Regulation

☐ Managing Change

☐ Conflict Resolution Skills

☐ Following Guidance

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

The PSFO Program Online Referral Form

Part F (2)

36. Self-help/care skills

☐ Independence

☐ Toileting

☐ Dressing

☐ Nutrition

37. Child wellbeing and safety

Enter any comments related to the child's wellbeing or safety

Please enter at most 2000 characters

Back Next

Page 6 of 8

Microsoft 365

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Microsoft Forms | AI-Powered surveys, quizzes and polls [Create my own form](#)

[Privacy and cookies](#) | [Terms of use](#)

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

The PSFO Program Online Referral Form

Part G

The screenshot shows the 'Part G Additional Information' section of the 'Preschool Field Officer Program Referral' form. The header is purple with the 'Uniting' logo and the title 'Preschool Field Officer Program Referral'. The main content area is light purple. Section 38, 'Additional information', asks for details about the reason for referral and support sought, with a text input field limited to 2000 characters. Section 39, 'Services or Specialist', asks if the child is supported by any services or specialists, with radio buttons for 'Yes' and 'No'. At the bottom, there are 'Back' and 'Next' buttons, a progress indicator showing 'Page 7 of 8', and a Microsoft 365 footer with a privacy notice.

Uniting Preschool Field Officer Program Referral

Part G Additional Information

38. Additional information
Please enter any information related to the reason for referral and tell us what support you are seeking, for example, observations, program strategies, or referral pathways.

Please enter at most 2000 characters

39. Services or Specialist
Is the child supported by any services or specialists? (that you are aware of)

☐ Yes

☒ No

[Back](#) [Next](#)

Page 7 of 8

Microsoft 365

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

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.

The PSFO Program Online Referral Form

Part H

Uniting Preschool Field Officer Program Referrals

* Required

Part H Parent/Guardian Consent

40. Parent 1 Name *

Enter parent / guardian name

Muffin McLay

41. Parent 1 Signature Date *

Has the 'PSFO Program Consent Form' been signed and emailed to your local PSFO email address (refer to the table on page 2 of the consent form). What date did the parents sign?

6/7/2026

Back Submit

Page 8 of 8

Microsoft 365

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Microsoft Forms | AI-Powered surveys, quizzes and polls [Create my own form](#)

[Privacy and cookies](#) | [Terms of use](#)

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.