

**CONFIDENTIAL**

# Referral Form to Moreland City Council's Preschool Field Officer Program (PSFO)

**MORELAND'S  
CHILDREN**

**Privacy Statement**

Moreland City Council is committed to protecting the confidentiality of your records. The information recorded is collected maintained in accordance with the Information Privacy Act 2002 and the Health Records Act 2001.

**REFERRAL FROM PROGRAM**

Name:	Date of referral:
Position:	
Service name:	
Address:	Telephone:
Email:	
Signature:	Date:

**CHILD'S DETAILS**

First name:	
Surname:	
Date of birth:	Country of birth:
Aboriginal and/or Torres Strait Islander: Y <input type="checkbox"/> N <input type="checkbox"/>	Language spoken at home:
Home address:	Date the child started at the service:
Does the child have any allergies, illness or history of hospitalisation?	
Has the child attended their 3.5-year-old assessment with the Maternal and Child Health Nurse? Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>	

**REASON FOR REFERRAL**

Comments:

**SESSION TIMES AND DAYS AT SERVICE**

<b>Kindergarten child is attending:</b>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Start</b>					
<b>Finish</b>					

Contact a Preschool Field Officer:

T: 9240 2314 E: [psfo@moreland.vic.gov.au](mailto:psfo@moreland.vic.gov.au)



Moreland City Council

PARENT/GUARDIAN 1 DETAILS	
First name:	Surname:
Relationship to child:	
Telephone (home):	Telephone (mobile):
Residential address:	
Email:	
Country of birth:	Language/s spoken:
Interpreter required:                    Y <input type="checkbox"/> N <input type="checkbox"/>	Language required:

PARENT/GUARDIAN 2 DETAILS		
First name:	Surname:	
Relationship to child:		
Telephone (home):	Telephone (mobile):	Telephone (work):
Residential address:		
Email:		
Country of birth:	Language/s spoken:	
Interpreter required:                    Y <input type="checkbox"/> N <input type="checkbox"/>	Language required:	

FAMILY BACKGROUND AND IMPORTANT INFORMATION
Who lives in the house and what are the ages of any other children in the family?

OTHER AGENCIES SUPPORTING THE FAMILY
(Eg: Early Childhood Intervention Service, NDIS, Paediatrician, Family Support Agency.) <b>Please provide the contact name and number:</b>

PARENT CONSENT
<input type="checkbox"/> I hereby authorise the Preschool Field Officer to visit my child within the program they are attending and to contact the above agencies if additional information is required.
Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO THE KINDERGARTEN TEACHER OR TO MORELAND CITY COUNCIL	
Mail to: Preschool Field Officer Moreland City Council Locked Bag 10 Moreland VIC 3058 Please mark the envelope as confidential.	Email to: <a href="mailto:psfo@moreland.vic.gov.au">psfo@moreland.vic.gov.au</a>