The Primary School Nursing Program accepts referrals for children in grades 1 – 6, children attending English Language Centre Schools and primary school-aged children who have recently arrived in Australia from overseas.

If you or your child’s teacher has concerns about your child’s health or development, your child can be referred to the school nurse at any time using this referral form.

**Direct health assessment services provided under the Primary School Nursing Program may include:**

- Vision screening
- Hearing screening
- Mouth check
- Speech and language screening
- General developmental assessments

*A health assessment under the Primary School Nursing Program is not intended to replace your normal source of health care.*

**If you agree to have your child’s health assessed by a school nurse, please:**

- read the *Information privacy statement* (Section B)
- sign the Parent Consent (Section C)
- complete Your Child’s Personal Details (Section D)
- return this completed form to the school in the supplied envelope.

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**Section A**

*To be completed by the TEACHER prior to sending the Referral Form to the Parent/Guardian*

Please note that it is essential that you discuss this referral with the child’s parent/guardian before providing the referral form to them.

Have you discussed the reason for referral with the child’s parent/guardian?  

- [ ] Yes  
- [ ] No

**To be completed by the TEACHER**

**Reason for referral**

I would like to refer your child for a direct health assessment:

Child’s name _______________________________ Year Level _______ Room No.________

**Reason for Referral** _______________________________________________________

Comments regarding:

- [ ] Academic Progress
- [ ] Social Development

Has this child been referred to any other agency or health professional?  

- [ ] Yes  
- [ ] No

If Yes, please specify _______________________________________________________

Teacher’s Name (Please Print) ____________________________________________ Date ___ / ___ / ___
Information about Privacy

1. What information will I be asked about in the referral form?
The information you are asked about includes:
   • your child’s health history
   • any concerns you may have about your child’s health, wellbeing and development

2. What is this information used for?
This information is used to:
   • identify your child’s health needs
   • determine the need for further health assessment of your child with your consent. Where clinically indicated, this may include screening of your child’s vision, hearing, speech and language, a mouth check and general development assessments
   • give you advice based on these needs
   • with your permission, share information with relevant staff of the school and the Department of Education and Training to provide your child with appropriate support e.g. your child’s teacher, principal or student support officer
   • manage, plan, improve and evaluate the delivery of school health services.

3. Why should I give this information?
This information is important in providing support for your child. It helps:
   • the school nurse to understand any concerns you may have about your child’s health in order to undertake a health assessment of your child
   • the school nurse to offer advice and information about your child’s health and referral to other services if needed
   • the school to understand how your child’s health may impact his or her learning.

4. Do I have to provide this information?
No, you are not required to provide this information, however, the information you provide will assist the school nurse to support you and your child. If you choose not to provide this information, it is helpful to us if you can explain why.

5. How will this information stay private?
The Department of Education and Training and your school are committed to protecting the personal information you provide us. Your information will only be used and disclosed in ways outlined above and will not be used for any other purpose without your consent, unless required by law.

6. Accessing your information.
You may access the information held by the school nurse or the Department of Education and Training.

For more information please contact the School Nursing Manager at your local Department of Education and Training office listed on the back page of this form.

Thank you for completing this form.
Section C  PARENT Consent
To be completed by Parent/Guardian

If you require assistance to complete this form please speak to your child's teacher.

To provide consent to the health assessment and to the school receiving a written report of the assessment, please tick the Yes boxes:

☐ Yes  ☐ No  I consent to the School Nurse conducting a health assessment of my child and understand that the nurse will provide me with a written report.

☐ Yes  ☐ No  I consent to the nurse providing my child's teacher/principal with a written report regarding the outcome of the assessment and classroom management advice where appropriate.

Child's Name ____________________________________________________________

Child's Date of Birth ___/___/___  Male / Female / Indeterminate / Intersex / Unspecified (Please circle)

Year Level _________  Room No. _____________

Signature ________________________________________________________________

Parent/Guardian

Name (please print) ______________________________________________________ Date ___/___/___

Parent/Guardian

Section D  Your Child's Personal Details
To be completed by Parent/Guardian

Parent/Guardian 1 Name __________________________________________________

Is this the mother, father or other?  ☐ Mother  ☐ Father  ☐ Other (please specify) ____________________________

Tel No (H) _______________________ (W) _________________________ (M) _________________________

Parent/Guardian 2 Name __________________________________________________

Is this the mother, father or other?  ☐ Mother  ☐ Father  ☐ Other (please specify) ____________________________

Tel No (H) _______________________ (W) _________________________ (M) _________________________

Child's Address __________________________________________________________ Postcode _____________

Language Spoken at Home ____________________________  Child's Country of Birth __________________________

Non-Aboriginal / Aboriginal / Torres Strait Islander / Both Aboriginal and Torres Strait Islander (Please Circle)

Current School __________________________________________________________

Previous School attended by your child (if relevant) __________________________

Does your child have a medical condition, developmental concern, or a learning problem?  ☐ Yes  ☐ No

For example asthma, diabetes, epilepsy, cerebral palsy.

If YES, please specify ____________________________
Do you have any other concerns about your child’s health? *For example vision, hearing, speech / other?* □ Yes □ No

Is there any other information you feel would be helpful? *For example, any major changes or events in your family?* □ Yes □ No

Do you wish to discuss any of these health concerns with the School Nurse? □ Yes □ No

Contact details for the School Nursing Manager in your region

**COUNTRY AREA OFFICES**

**Moe Office**  
Cnr Kirk and Haigh Streets, Moe 3825  
Phone: (03) 5127 0400

**Geelong Office**  
5A Little Ryrie Street, Geelong 3220  
Phone: (03) 5225 1082

**Benalla Office**  
150 Bridge Street East, Benalla 3672  
Phone: (03) 8392 9500

**Ballarat Office**  
109 Armstrong Street North, Ballarat 3350  
Phone: (03) 5330 8607

**Bendigo Office**  
7-15 McLaren Street, Bendigo 3550  
Phone: (03) 5440 3111

**METROPOLITAN AREA OFFICES**

**Dandenong Office**  
165-169 Thomas Street, Dandenong 3175  
Phone: (03) 8765 5600

**Glen Waverley Office**  
Level 3, 295 Springvale Road, Glen Waverley 3150  
Phone: (03) 8392 9300

**Footscray Office**  
Level 9, 1 McNab Avenue, Footscray 3011  
Phone: (03) 8397 0288

**Coburg Office**  
189 Urquhart Street, Coburg 3058  
Phone: (03) 9488 9488