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
- 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.

Contact details for the School Nursing Manager in your region

<table>
<thead>
<tr>
<th>COUNTRY AREA OFFICES</th>
<th>METROPOLITAN AREA OFFICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ballarat Office</td>
<td>Coburg Office</td>
</tr>
<tr>
<td><a href="mailto:swvr@edumail.vic.gov.au">swvr@edumail.vic.gov.au</a></td>
<td><a href="mailto:nwrn@edumail.vic.gov.au">nwrn@edumail.vic.gov.au</a></td>
</tr>
<tr>
<td>Phone: (03) 5337 8444</td>
<td>Phone: (03) 9488 9488</td>
</tr>
<tr>
<td>Benalla Office</td>
<td>Dandenong Office</td>
</tr>
<tr>
<td><a href="mailto:nevr@edumail.vic.gov.au">nevr@edumail.vic.gov.au</a></td>
<td><a href="mailto:sevr@edumail.vic.gov.au">sevr@edumail.vic.gov.au</a></td>
</tr>
<tr>
<td>Phone: (03) 8392 9500</td>
<td>Phone: (03) 8765 5600</td>
</tr>
<tr>
<td>Bendigo Office</td>
<td>Footscray Office</td>
</tr>
<tr>
<td><a href="mailto:nwrn@edumail.vic.gov.au">nwrn@edumail.vic.gov.au</a></td>
<td><a href="mailto:swvr@edumail.vic.gov.au">swvr@edumail.vic.gov.au</a></td>
</tr>
<tr>
<td>Phone: (03) 5440 3111</td>
<td>Phone: (03) 8397 0288</td>
</tr>
<tr>
<td>Geelong Office</td>
<td>Glen Waverley Office</td>
</tr>
<tr>
<td><a href="mailto:swvr@edumail.vic.gov.au">swvr@edumail.vic.gov.au</a></td>
<td><a href="mailto:nwrn@edumail.vic.gov.au">nwrn@edumail.vic.gov.au</a></td>
</tr>
<tr>
<td>Phone: 1300 333 232</td>
<td>Phone: (03) 8393 9300</td>
</tr>
<tr>
<td>Moe Office</td>
<td>Greensborough Office</td>
</tr>
<tr>
<td><a href="mailto:sevr@edumail.vic.gov.au">sevr@edumail.vic.gov.au</a></td>
<td><a href="mailto:nwrn@edumail.vic.gov.au">nwrn@edumail.vic.gov.au</a></td>
</tr>
<tr>
<td>Phone: (03) 5127 0400</td>
<td>Phone: (03) 8468 9200</td>
</tr>
<tr>
<td></td>
<td>Keilor Office</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:swvr@edumail.vic.gov.au">swvr@edumail.vic.gov.au</a></td>
</tr>
<tr>
<td></td>
<td>Phone: (03) 9194 6349</td>
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</tr>
</tbody>
</table>

Do you have any other concerns about your child’s health? □ Yes □ No
For example vision, hearing, speech / other?

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

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

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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
The Department of Education and Training and your school are committed to protecting the personal and health information you provide us about you and your child.

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, 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 how your child’s health needs or offer the services set out above, including providing targeted information about your child’s health or referral to other services if needed
• also you may provide or be asked to provide further information when you meet with the nurse which will also be handled in accordance with this privacy notice.

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

6. You and your child’s privacy
Your information will only be used and disclosed in ways and for the purposes outlined above and will not be used for any other purpose without your consent, unless required or authorised by law.

You can find out more information about how the Department of Education and Training handles the personal and health information it collects from its privacy policy http://www.education.vic.gov.au/Pages/privacy.aspx or the Schools’ Privacy Policy https://www.education.vic.gov.au/Pages/schools.privacypolicy.aspx
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.
By completing and signing this form you provide consent to the health assessment and, when needed, the provision of a summary report to your school to enable appropriate educational adjustments for your child. If you have any questions or concerns about this process please contact your school nurse

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

Year Level __________ Room No __________

Signature ______________________________________  __________

Date ___ / ___ / ___

Parent/Guardian

Name (please print) ______________________________________

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 __________________________________________________________