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| **Kairos Administration use only** |
| Date received |  |



**KAIROS COMMUNITY COLLEGE REFERRAL FORM – Deception Bay**

This form must be completed by a suitable referee such as a Guidance Officer, Principal, Deputy Principal, Youth Worker, or Specialist who is familiar with the student’s educational background and can identify a genuine need for additional support. Special Assistance Schools (SAS) in Queensland provide support to students who are disengaged or at risk of disengaging from mainstream education. This may be due to behavioural challenges, social or emotional difficulties, or the impact of a disability.

**Please complete all fields** and provide as much relevant information as possible.

Once completed, please return the form via email to: dbayadmin@kairos.qld.edu.au

**PARENT / GUARDIAN TO COMPLETE PAGE 1**

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| **STUDENT DETAILS – ALL FIELDS MUST BE COMPLETED** |
| **PLEASE ATTACH Report Cards to allow for QCE point tracking.** |
| Student First Name: | Student Last Name: | Date of Birth:  |
| Parent/Guardian Name: | Current Year Level: | Gender: M / F / Other If other: |
| Proposed start date: |
| Year Level Applying for: |
| Parent/Guardian Phone: | Student Current School: | Student Pronouns: |
| Parent/Guardian Address: |
| Parent/Guardian Email: |
| How did Parent/Guardian hear about Kairos? |
| Does the person identify as being of Aboriginal, Torres Strait Islander or other cultural origin? No / Yes*please circle* Aboriginal Torres Strait Islander Other:  |
| Does the person have ASD, II, SED or any other verified disability? ***If YES, provide AIMS Student Details Report or confirmation letter from specialist.*** |
| Other disorders Kairos needs to know about? e.g. Anxiety, Depression, ADHD. |
| Does the person have any history in the Criminal Justice System? |
| STUDENT USI NUMBER (visit <https://www.usi.gov.au/students> to find or get your student’s USI):  |
| **IMPORTANT – PARENT/GUARDIAN AUTHORISATION** |
| I (parent/guardian name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorise (referee name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (organisation/school name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to disclose/transfer information and any supporting documents of (young person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to Kairos Community College.Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **IF REFERRAL IS SUCCESSFUL A TRANSFER NOTE WILL BE SENT REQUESTING MORE INFORMATION** |

**REFERRING SCHOOL / AGENCY TO COMPLETE PAGE 2**

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| **REFERRING SCHOOL / AGENCY DETAILS** |
| School / Agency: |
| Name of Referee: | Position: |
| Referee email: |
| Referee Phone: |
| Referee Signature: | Date:  |
| How did Referee hear about Kairos? |
| **REASON FOR REFERRAL – tick all that apply** |
|  | Behavioural Issues |  | Excluded |
|  | Bullying |  | Parent Request |
|  | Depression/Anxiety | Other: |
|  | Mental Health |
|  | Extra Support Required |
|  | Suspended |
| **BEHAVIOURAL, SOCIAL AND EMOTIONAL DETAILS – tick all that apply** |
|  | Ability to Self-Regulate |  | Danger Awareness |
|  | Ability to interact with peers |  | Effective conflict management skills |
|  | Ability to interact with adults |  | Ability to form and maintain friendships |
|  | Effective anger management |  | Responds to redirection |
|  | At risk behaviour |  | Understanding social norms |
| **STUDENT AIMS NUMBER**  |
|  |
| **DETAILS REGARDING HISTORY ABOVE/ RELEVANT INFORMATION** |
| (please provide as much information as possible, add extra pages if required) |
| **What is the student hoping to achieve by attending Kairos?** |
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| **REFERRING SCHOOL / AGENCY CHECKLIST** | **✓ WHEN COMPLETE** |
| Referral form – all fields completed and signed |  |
| Previous 12 months student Report Cards attached (for QCE point tracking) |  |
| AIMS Student Details Report or confirmation letter attached if applicable |  |

