



Fresh Start Return to School Program Carinya Campus

Referral Form

Student Details

Surname:

Given Names:

Date of Birth:

Gender

School:

Year/Class:

Home Address:

Name of Parents / Caregivers :

Contact Numbers: (H)

(W)

(M)

Background: ATSI

NESB

CULTURAL
BACK GROUND

Suspension Details

Date of suspension:

Proposed no. School Days

Final date of
Suspension

Date of suspension resolution meeting:

Outline the reason for long suspension:

School Details

Name:

Position:

Phone:

Email:

School Support

Outline school interventions that have occurred (attach additional sheets if required):

Interview with student

Funding Support

Referral to LST

Interview with parent

Last Support

Request for Educational

Counsellor Support

Confirmed Disability

APL+ S

Referral to outside agencies. e.g.

Behavioral specialist Name

What worked? / What didn't :

Are there any identified learning difficulties :

Anticipated outcome of the attendance programme

Teacher Mentor Details

It is expected that the mentor will meet with the student regularly once returned from suspension.

Mentor name:

Position:

Phone:

Email :

Best contact time:

Team within a school representative details

It is expected that a representative of the "Team within a school" will make contact with Fresh Start during the student's time in the program and once the student returns to school

Name:

Phone:

Email:

Days at referring school:

Known Risk Factors

Has the student a history of violence?	No
Has the student a history of self harm?	No
Has the student been long suspended for violence?	No
Are there any other known risk factors?	No
If yes give details	

Have the student's parents or other people living with the student behaved aggressively towards school staff?

Has an Inclosed Lands Act ban been issued to prevent the student's parents or other people living with the student from entering the school?

All the following documents / information are required - Please attach with referral

School Counsellor advice regarding suspension

Risk assessment / Risk assessment information

Behaviour Support Plan (If relevant)

Health and Safety Plan (If relevant)

Other _____

I agree that the school may be journalled for the use of Wellbeing and/or assessment tools to support the student

Principal Name:

Position (if Delegate):

Signature:

Date:

**Please email completed form to
your Fresh Start Principal
Representative (Refer to Principal
Checklist)**