Moorabool Shire Council has been funded by the Department of Education to deliver the CALD outreach program. CALD outreach workers address barriers to kindergarten access and participation for children and families from CALD backgrounds. They also support families transition to school, as well as ongoing engagement and participation in education.

Eligibility criteria:

* Family is from a CALD background requiring support in early learning access and/or participation.
* CALD families seeking to register, enrol and attend kindergarten.
* CALD families requiring further understanding of kindergarten/ELC benefits for their child.
* Families after connection with playgroups, and/or community programs.
* Family requiring advocacy, and further inclusion within the child’s early years settings.
* Additional support required to support transition into early learning service, or school setting.

For more information, advice, support or to discuss a referral please call 5366-7100 or email earlyyears@moorabool.vic.gov.au

1. **Parent/Guardian/Carers information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | Relationship to child: |  |
| Date of birth: |   / /  | Gender: | Preferred pronouns: |
| Preferred pronouns: |  | Best contact number: |  |
| Email address: |  |
| Address: |  |
| Country of birth: |  | Cultural identity: |  |
| Languages spoken: |  | Interpreter required: |  |
| Would the family benefit from any additional support? |

1. **Child information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name:  |  | Assigned gender: |  |
| Date of birth:  |  |  |  |
| Address: (if different to above) |  |
| Country of birth: |  | Cultural identity: |  |
| Languages spoken: |  | Interpreter required: |  |
| Support required/reason for referral:  |
| Does the child have any additional needs, and/or medical conditions? If so, please list.Is the child receiving NDIS funding? |
| Is the child currently enrolled in any early learning, and/or education facilities? If so, please name service/s. |
| Is there any other information that you would like to provide regarding this referral? |

1. **Referring agency details:**

|  |  |
| --- | --- |
| Name of referrer:  |  |
| Name of agency: |  | Contact number: |  |
| Email address: |  |  |  |
| Best time to contact if further information needed: |  |

1. **Privacy and confidentiality.**

The personal information requested on this form is being collected by Council for reference and identification purposes. We will only use personal information and health records provided by you for the purposes for which it was collected and for Council to fulfil it’s business requirements. In accord with our Privacy Policy, we will not disclose your personal information without consent to a third party, institution, or authority except where your permission is given, or it is required by law or other regulation.

Personal information is held by Moorabool Shire Council in accordance with the Privacy and Data Protection Act 2014 and Health Records Act 2001.

|  |
| --- |
| **CONSENT** |
| Consent given by: (please list full name) |  |
| Involving child: (please list involved child/ren consent being given for) |  |
| Signature of consenting adult:  |  |

|  |
| --- |
| **VERBAL CONSENT** |
| I have discussed the above referral and received verbal consent from the parent/guardian/carer for a referral to Moorabool Shire Council’s CALD program for the client’s information to be disseminated for the purposes of this referral.  |
| Signature of referrer: |  |
| Date |  |