

Referral to Student Support

LSNR – Western

Who is making this referral? _____

Where can we contact you? _____ Today's date ____/____/____

STUDENT DETAILS:

Last Name: _____ First Name: _____ Date of Birth: ____/____/____

School: _____ Year: _____

Which parent/carer have you discussed this referral with? Name: _____

Are there external services being accessed? Yes ☐ No ☐

PLEASE TICK APPROPRIATE BOX: This a new issue: ☐ or This is ongoing support: ☐

Please outline why are you making this referral in the box below:

Please email completed forms to: wynyard.high@education.tas.gov.au

1.1 PERSONAL INFORMATION PROTECTION

The personal information collected on this form is used by the Department of Education for the purpose of planning and providing educational support services for your child. Personal information collected will be used for the primary purpose for which it is collected. In some cases, it may be disclosed to the Department of Health and Human Services, and to health practitioners to support health requirements. Personal information will be managed in accordance with the *Personal Information Protection Act 2004*. On request, the Manager, School Support can provide a copy of this form, if it is necessary to make any changes to ensure the information remains accurate. You can obtain a copy of the department's Personal Information Protection Policy on request to the Manager, School Support.

1.2 CONFIDENTIALITY STATEMENT

Access to information about the support provided to children/students and their families is restricted to authorised staff members who need to know in order to provide support to the child/student. All information about the support provided to individual children/students within the Department of Education is kept confidential, in accordance with relevant professional codes of conduct and legislation. Information from a student's support file will only be provided to external organisations or individuals where authorised by relevant legislation.