

Preschool Field Officer program.

Confidential request for support form 2025.

Child details All sections marked with an asterisk (*) must be completed

First name*	Last name*
Preferred name	Date of birth (DD/MM/YYYY)*
Gender*	Country of birth*
Address*	Postcode*
Cultural background	Language/s spoken at home
Do you identify as Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If known, which mob, nation, or language group do you belong to?	
Is your child currently in Out of Home Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has your child attended the Maternal Child Health Services for their 3½ year old developmental check?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, LGA	MCHN name
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Support service information All sections marked with an asterisk (*) must be completed

If the child has accessed the following services, do you give City of Yarra Children's Services permission to share information from them?

Psychologist*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not accessed	Speech Pathologist*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not accessed
Occupational Therapist*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not accessed	Access to Early Learning (AEL)*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not accessed
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not accessed	Paediatrician*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not accessed

(Please provide contact details as applicable)

Please tell us the name of the primary school your child will be attending and what year they will attend?

Primary school name*	Year of attendance*
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Siblings names and ages (if applicable)

What are your child's strengths and interests?*

Referral information All sections marked with an asterisk (*) must be completed

What is the service you are requesting?*

<input type="checkbox"/> Observations*	<input type="checkbox"/> Teacher support*	<input type="checkbox"/> Parent support*	<input type="checkbox"/> Second year of kinder*
<input type="checkbox"/> Resources*	<input type="checkbox"/> Information*	<input type="checkbox"/> School transition*	<input type="checkbox"/> Transition to 4 year old kinder*

What is the reason for referral?

Parent/Guardian contact details All sections marked with an asterisk (*) must be completed

Parent/Guardian 1	Parent/Guardian 2
Name*	Name*
Mobile*	Mobile*
Email*	Email*
Address*	Address*
Postcode*	Postcode*
Date of birth (DD/MM/YYYY)*	Date of birth (DD/MM/YYYY)*
Country of birth*	Country of birth*
Relationship to child*	Relationship to child*
Language/s spoken at home*	Language/s spoken at home*
Do you require an interpreter?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require an interpreter?* <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, which language/s?	If Yes, which language/s?

Who is referring this child*

Parent Service Other (please specify)

How to submit this form

Email
Email your completed form to psfo@yarracity.vic.gov.au

Mail
Mail your completed form to:
Preschool Field Officer - Yarra City Council
PO Box 168 Richmond VIC 3121

Declaration All applicable sections must be completed

I hereby consent to the referral of my child to the Pre-School Field Officer (PSFO) and for the PSFO to visit and support my child in consultation with centre staff. I understand that my child's development and education will be best supported if relevant information about my child is shared by all agencies and services involved with my child. I give permission to share information with the agencies and services listed.*

Signature*

Print name*

Date*

Please note: your details may be collected and disclosed to the Department of Education and Training (the department) for specific purposes, including for the department's auditing, monitoring and reporting.

Children's services detail To be completed by centre staff or referring agency

Contact name	Service name
Address	
Phone number	Email

Session days and times child attends your service

Monday	Tuesday	Wednesday	Thursday	Friday
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Program the child attends

3-year-old kindergarten 4-year-old kindergarten Group name

Office use only

Date received	KIMS case number
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