

VoRTCS FAMILY REFERRAL FORM

Date: ___ / ___ / 20___

Referral Guidelines

- The family has been released from detention or settled in Australia for over 6 months.
- Two or more family members (including adult/s) require ongoing weekly tutoring assistance and agree to participate in the program.
- Areas of assistance are for improvement of Basic English language skills (conversation, reading and writing) as well as assimilation into the Brisbane Community.
- Request for assistance is not primarily for 'private homework' tutoring of children.
- The referrer for this family can facilitate the first meeting between the family and allocated tutors, at a later date.
- The family understands that tutors are volunteers and that they will be graduated from the program upon achieving an adequate level of English language skills and comfortably settling into the Brisbane community.

SECTION 1: REFERRER DETAILS

Name _____ Organisation _____

Address _____ Email _____

Phone _____ Mobile _____ Contactable hours/days _____

Date family started with organisation _____ Date family due to finish with organisation _____

SECTION 2: FAMILY DETAILS

Dominant Surname Name _____ Date of arrival in Aus. (release from detention) _____

Father's Full Name _____ Date of Birth _____

Mother's Full Name _____ Date of Birth _____

Address _____ Postcode _____

Phone (home) _____ (mobile) _____

Email (if known) _____ Visa Type _____

Country of Origin _____ Ethnicity _____

Religion _____ Languages Spoken _____

SECTION 3: FAMILY MEMBERS

Full Name	Relationship (e.g. son/daughter/etc)	Gender (M/F)	Date of Birth DD/MM/YYYY

SECTION 4: FAMILY SPOKESPERSON (can communicate with VoRTCS vlunteers)

Individuals Name/s _____

SECTION 5: FAMILY SUPPORT INFORMATION (what support is needed)

Area of Assistance Needed	Yes / No (please circle)	Member Requiring Assistance	Additional Comments
School subjects (basic English and maths only)	(Yes) / (No)		
TAFE/AMEP course work	(Yes) / (No)		
Conversational skills/practice	(Yes) / (No)		
Reading skills/practice	(Yes) / (No)		
Writing skills/practice	(Yes) / (No)		
Integration and understanding of the Brisbane community	(Yes) / (No)		
Completing forms & paperwork	(Yes) / (No)		
Budgeting skills	(Yes) / (No)		
Additional needs (i.e. confidence building, companionship, etc.)	(Yes) / (No)		

SECTION 6: EDUCATION

Family Members Name	School/Institution	Grade/Course

SECTION 7: VOLUNTEER ALLOCATIONS

Gender (male/female/either) _____ (please note this may impact waiting time)

SECTION 8: ADDITIONAL INFORMATION

Are there any household pets? _____ If yes, what type? _____

Health issues _____

Disabilities _____

Concerns _____

Reasons for referral request _____

_____ (Attach additional sheet if necessary)

Privacy Statement

(The referrer must read the following to the family spokesperson at time of collection of the above information)

The information about you and your family on this form is being collected by us at St Vincent de Paul Society Queensland. Are your family members happy for you to give us this information? [*Ensure that the person agrees.*]

This information helps us to work out how we can help you and to run the tutoring program. We might share the information with other St Vincent de Paul societies, volunteer tutors and community organisations that support your family.

We have a Privacy Policy that contains more details about how we handle your information, how you can ask to see your information or update it, and how you can contact us if you have any privacy concerns. The Privacy Policies are on our website, or you can ask us about the policies now or at any time.

Contact Information

Please forward this form once fully completed to tutoring.vortcs@svdpqld.org.au

Any concerns or questions contact the Program Coordinator on (07) 3010 1069 / 0438 127 416