RECS
Referral Form

KimberleySupports
Connect. Link. Grow.
Remote Early Childhood Supports

PERSONAL DETAILS	
Child's Full Name:	**Date of Birth:**

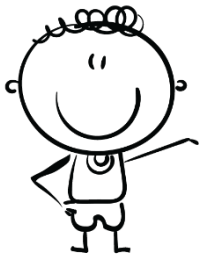
Parent, Legal Guardian or Representative:	
Does the child live with parents or legal guardian?	☐ Yes ☐ No
Identify as Aboriginal or Torres Strait Islander?	☐ Yes ☐ No
Current Address:	
Usual Address:	
Where to find the child? *(Name of playgroup, school, institution etc.)*	
Phone:	
Email:	
How is best to contact the family? (phone/through clinic/through community navigator)	

CONSENT TO EXCHANGE INFORMATION	
Do you consent to the referrer sharing information about your child with the RECS Team?	
☐ **Yes**, I consent	☐ **No**, I do not consent. I will provide the information myself
Please sign and date	
_____ Parent, Legal Guardian or Representative Signature	_____ Date

Reason for Referral:

Please tick

- ☐ Talking
- ☐ Moving
- ☐ Behaviour
- ☐ Playing
- ☐ Getting dressed
- ☐ Paying Attention
- ☐ Feelings
- ☐ Using hands
- ☐ Eating
- ☐ Toileting
- ☐ Sleeping
- ☐ Listening
- ☐ Learning
- ☐ Family Support



COMMENTS - The more information you can provide, the better we can prioritise.

REFERRER - Contact Details	
NAME:	**POSITION:**
EMAIL	**PHONE**

Please attach any supporting documents and past history to this referral request.

REMOTE EARLY CHILDHOOD SUPPORTS PROGRAM - Contact Details	
EMAIL:	**PHONE:**
kimberleysupports@kamsc.org.au	**(08) 9194 0318**