



➤ Youth Program Referral Form

Which Program are you referring child(ren) to?

Buddies Day

SENSE Youth Mentoring

Kids Camp

Soccer Stars

Conference/Referrer Details

Conference/Referring Organisation _____

Contact Person _____

Position _____

Address _____

Email _____

Tel (Home/Work) _____ Tel (Mob) _____

Parent/Legal Guardian Details

Name of Parent/Guardian: _____

Relation to Child(ren): _____

Address _____

Email _____

Tel (Home/Work) _____ Tel (Mob) _____

How many children in the immediate family are being referred? _____

Please provide a brief history of the family or the child and reason(s) for referral?

(Please attach a separate sheet if required)



Child Details (Please attach a separate sheet if required)

| Child's Full Name | Child's Birthdate | Gender | Please provide details of any relevant medical/social information |
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Important Information for Referrers and Parents/Guardians

Children with medical conditions can participate fully in St Vincent de Paul Society Queensland ("Society") programs/events when they are able to reliably and independently manage their condition. **It is important that the Society also has a good understanding of the child's condition** in order to be able to assist the child to assess the risk associated with the different environments in which they will find themselves and also to be able to offer the best possible assistance should the participant suffer from a medical emergency. For this reason, we require that all participants who have **serious medical conditions** that could be aggravated by participating in the program/event (e.g. serious allergies, asthma, heart conditions) **fully disclose that information in this form.**

Please return to:

T: (07)

F: (07)

E:

Privacy Statement

St Vincent de Paul Society Queensland collects the information you provide on this form for the primary purpose of allocating your child to a Society Program. We may also use the personal information you provide to contact you, to respond to your enquiries and to ensure your well-being during the program. If you do not provide the information requested on this form, we may not be able to do these things. We may share your personal information with other St Vincent de Paul Societies, and with third parties who provide us with professional or technology services, including some that are based overseas. For more information about how we deal with your personal and sensitive information please refer to our privacy policy on our website http://www.vinnies.org.au/page/Privacy/State_Policies/Privacy_Policy_in_QLD/

| | |
|------------------------|---|
| Office use only | |
| Received by _____ | Signature _____ |
| Date / / | A copy is to be retained at the Diocesan Office for your records. |