

# Supported Playgroups

## Form B - Referral to Supported Playgroups

DATE: \_\_\_\_\_

| REFERRAL TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | REFERRAL FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Name <u>Beth Maplestone</u></p> <p>Position <u>Early Years Officer - Supported Playgroups</u></p> <p>Name of service provider <u>Maribyrnong City Council</u></p> <p>Email <u>infoearlyyears@maribyrnong.vic.gov.au</u></p> <p>Phone Number/Mobile <u>9688 0200</u></p>                                                                                                                                                                                                                                                                                                                                                                         | <p>Name _____</p> <p>Position _____</p> <p>Name of service provider _____</p> <p>Email _____</p> <p>Phone Number/Mobile _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                          |
| FAMILY DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | REFERRAL FROM TYPE OF SERVICE(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p>Family name: _____</p> <p>Given names: _____</p> <p>Gender: <input type="checkbox"/> M <input type="checkbox"/> F      DOB: _____</p> <p>Phone Number/Mobile: _____</p> <p>Home address: _____</p> <p>Suburb and postcode: _____</p> <p>E-mail: _____</p> <p>Referred client, or anyone in family household, has a Health Care Card or equivalent visa category*? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/S</p> <p>Language if interpreter required? _____</p> <p>Access to the supported playgroup program has been discussed w/the family? <input type="checkbox"/> Y <input type="checkbox"/> N</p> | <p><input type="checkbox"/> Health practitioner      <input type="checkbox"/> GP      <input type="checkbox"/> MCH</p> <p><input type="checkbox"/> Community services agency      <input type="checkbox"/> ChildFIRST/child protection</p> <p>Other _____      <input type="checkbox"/> ECEC service</p> <p>Issues that parent felt a supported playgroup may assist with:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Reason for referral as identified by service provider:</p> <p>_____</p> <p>_____</p>                                              |
| <p>Other services the family is currently accessing:<br/>e.g. Library</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Notes:</p> <p>_____</p> <p>_____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>If referrer is MCH, please indicate whether the child/ren being referred are up to date with their Key Ages and Stages visits:</p> <p>Family name: _____</p> <p>Given names: _____ <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/S</p> <p>Family name: _____</p> <p>Given names: _____ <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/S</p> <p>Family name: _____</p> <p>Given names: _____ <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/S</p> |

\* Equivalent visa categories are provided in the Supported Playgroup guidelines.