



## SHINE for Kids®

This Referral Form is for the purpose of getting some basic information about the children you want assisted and the type of assistance you are seeking. In order to assess whether it is suitable for SHINE for Kids to help, some further information will need to be sought. Attached to this Referral Form is a Privacy Notice which explains how we collect and manage your personal information, whether you are an inmate, a parent or guardian, or a carer. We need the consent of each of those people in respect of how we collect and manage personal information before we can proceed further. SHINE for Kids requires the information provided to enable us to make an informed decision about whether SHINE for Kids is able to assist your children, your family and you. Please see the Privacy Notice contained in this form for more information about how we manage your personal information. If at any time you are not happy with the service you receive from SHINE for Kids please contact our HR Manager who will investigate your concerns with the appropriate worker as quickly as possible.

SHINE for Kids always wants to improve its services and is happy to receive feedback. Our contact details are:

- By phone: ask to speak with the HR Manager (02) 9714 3000
- By email to: HR Manager [hmanager@shineforkids.org.au](mailto:hmanager@shineforkids.org.au)
- By mail to: HR Manager, SHINE for Kids 128-130 O'Connell Street, NORTH PARRAMATTA NSW 2151

### DATE:

### INFORMATION ABOUT THE CHILDREN BEING REFERRED

Please provide the following information about the children who many participate in SHINE for Kids Programs:

First Name	Surname	D.O.B.	Gender	First Name	Surname	D.O.B.	Gender

#### For statistical purposes only – child/ren

Do your child/ren wish to identify as  Aboriginal  Torres Strait Islander  South Sea Islander

What is your child's country of birth?

Do your children require an interpreter?  Yes  No Preferred Language spoken:

#### Please outline the main reason/s for this referral:

- |                             |   |                               |
|-----------------------------|---|-------------------------------|
| Supported Transport         | Make contact with my child(ren)             | Child Protection Unit         |
| Supervised Visit            | Family suffering Financial Hardship         | Belonging to Family (Kempsey) |
| Education Program (RISE)    | Community Mentoring for children and carers | Child's emotional wellbeing   |
| Carer/Parent banned visitor | Family Support                              | Storytime Program             |
| Keeping Us Together         |   |                               |

#### Please tell us how we can help you:

### PARENT IN CUSTODY INFORMATION

	Parent In Custody One	Parent In Custody Two (if applicable)
First Name:		
Surname:		
Date of Birth:		
Gender:	Male Female Non-Binary	Male Female Non-Binary
MIN #:		
Correctional Centre:		
Correctional Centre Section:		
Current Offence:		
Release Date:		
Parent's relationship to child:		
Parent's relationship to child's guardian or carer:		
Is there a current AVO?	Yes No	Yes No
If yes, who are the protected persons?		
If yes, which type?	1 2	1 2
Is there a current B alert?	Yes No	Yes No
If yes, is the parent allowed to have visits with the nominated children?	Yes No	Yes No
Does the order restrict visits between the inmate/detainee parent and the guardian or carer?	Yes No	Yes No
Level of contact between parent and child/ren prior to imprisonment (e.g. did they live together; weekly visits):		



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For statistical purposes only – Parent in Custody

	Parent in Custody One			Parent in Custody Two (if applicable)		
Do you wish to identify as:	Aboriginal	Yes	No	Aboriginal	Yes	No
	Torres Strait Islander	Yes	No	Torres Strait Islander	Yes	No
	South Sea Islander	Yes	No	South Sea Islander	Yes	No
What is your country of birth?						
Do you require an interpreter?	Yes	No		Yes	No	
Preferred Language spoken:						

**INFORMATION ABOUT THE GUARDIANS OR CARERS OF THE CHILDREN** (person/s currently caring for the child/ren)

	Guardian/Carer One				Carer Two (if applicable)			
Relationship to child:								
Gender:	Male	Female	Non-Binary	Prefer Not to Say	Male	Female	Non-Binary	Prefer Not to Say
First Name:								
Surname:								
Address:								
Suburb:								
Postcode:								
Home Number:								
Mobile:								
Work Number:								
Email:								

For statistical purposes only – Carer

	Carer One			Carer Two (if applicable)		
Do you wish to identify as:	Aboriginal	Yes	No	Aboriginal	Yes	No
	Torres Strait Islander	Yes	No	Torres Strait Islander	Yes	No
	South Sea Islander	Yes	No	South Sea Islander	Yes	No
What is your country of birth?						
Do you require an interpreter?	Yes	No		Yes	No	
Preferred Language spoken:						

**ORGANISATIONS PROVIDING ASSISTANCE TO FAMILY**

Name of organisation:

Contact person:

Position:

Contact Numbers:

Email Address:

Name of organisation:

Contact person:

Position:

Contact Numbers:

Email Address:



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Please provide any additional information that may assist in assessing the request:

**REFERRER INFORMATION**

Name:

Relationship to child/ren:

*If from an organisation*

Agency name:

Position:

Contact Numbers:

Email Address:

Where did you find out about SHINE for Kids?

Signature

Date



## Privacy Notice

Your personal information will be collected and used by SHINE for Kids Co-operative Ltd (ABN 60 662 072 775) (**us, we, our or SHINE for Kids**) for the purposes of assessing whether you are eligible to participate in our programs. If you are eligible, SHINE for Kids will use and disclose your personal information to enable you to participate in the programs and to manage the programs themselves. Some of the personal information may be sensitive information such as information about criminal records or health.

We may also collect personal information about you from third parties, or may share your information with third parties for the purposes above. We will generally only collect personal information from third parties when it is not practicable to collect it from you. The third parties from whom we collect personal information and to whom we disclose personal information include inmates who have a relationship with the children, guardians or carers of the children, the children themselves. In addition, the third parties include corrective services centres and agencies, juvenile justice officers, parole officers and community corrections staff, child protection agencies, staff at a child’s school or TAFE, community organisations, family support services, foster care agencies, and other carers and counsellors.

If we are unable to collect your personal information, and do not obtain your consent below, you, the children and the guardians and carers may be unable to participate in our programs.

Our Privacy Policy contains information about how you can access and ask us to correct information we hold about you. Our Privacy Policy also contains information about how you can complain about a possible breach of the Australian Privacy Principles under the Privacy Act 1988 (Cth) and how we would manage your complaint. A copy of our Privacy Policy is available on our website.

We may disclose your personal information to the provider of our web and email services who is located in the USA.

If you have any questions about this Privacy Notice, please contact us on the following:

- Email: [inquiries@shineforkids.org.au](mailto:inquiries@shineforkids.org.au)
- Telephone: (02) 9714 3000
- Postal Address: SHINE for Kids, 128-130 O’Connell Street, NORTH PARRAMATTA NSW 2151

### Your consent regarding your personal information

I, the person named below, consent to SHINEfor Kids collecting, using and disclosing my personal information as described in the Privacy Notice above. In particular, I consent to my personal information being disclosed by corrective services centres and agencies and other relevant government agencies to SHINE for Kids, and to SHINE for Kids collecting that personal information.

<b>Consent by inmate/ detainee parent:</b>		
Signed:	Name (printed):	Date:

<b>Consent by legal parent/guardian of children:</b>		
I, the undersigned, am the legal parent or guardian of the children named in this form, and I am authorised to give consent on their behalf.		
Signed:	Name (printed):	Date:

<b>Consent by other carer of the children named in this form:</b>		
Signed:	Name (printed):	Date:



**WHEN YOU HAVE COMPLETED THIS REFERRAL FORM, PLEASE SEND TO:**

**New South Wales (except Clarence in custody and Kempsey) referral requests to:**

SHINE for Kids  
128-130 O'Connell Street  
NORTH PARRAMATTA NSW 2151

Phone: (02) 9714 3000  
Fax: (02) 9714 3030  
Email: [referrals@shineforkids.org.au](mailto:referrals@shineforkids.org.au)

**Clarence referral requests to:**

SHINE for Kids  
128-130 O'Connell Street  
NORTH PARRAMATTA NSW 2151

Phone: (02) 9714 3000  
Fax: (02) 9714 3030  
Email: [clarencereferrals@shineforkids.org.au](mailto:clarencereferrals@shineforkids.org.au)

**Kempsey referral requests to:**

SHINE for Kids  
PO Box 3694  
WEST KEMPSEY NSW 2440

Phone: (02) 6561 3800  
Fax: (02) 6561 3833  
Email: [referrals@shineforkids.org.au](mailto:referrals@shineforkids.org.au)

**Information for the inmate / detainee parent and carer**

SHINE for Kids requires the information provided to enable us to make an informed decision about whether SHINE for Kids is able to assist your children, your family and yourself. Please provide as much information as possible to enable the process to occur as quickly as possible.

In processing your referral a confidential file will be created which enables your information to be kept securely.

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FOR OFFICIAL USE ONLY:

## Referral Form - NSW

Document Custodian: National Operations Manager

Next Review Date: 24 June 2022

The following Information is required from the Correctional Service Centre before proceeding:

Name of Correctional Officer doing this check:	
Date conducting check:	
Is there a current AVO?    Yes    No	IF YES WHAT TYPE?    1    2
If yes, start date of Order:	
If yes, end date of Order:	
If yes, who are the named protected persons?	
Is there a current B alert?	Yes    No
If yes, is the parent allowed to have visits with the nominated children?	Yes    No
Level of contact between parent and child/ren prior to imprisonment (e.g. did they live together; weekly visits):	

### SHINE for Kids Use Only:

SHINE Employee Name:	
Date Referral Received:	
Approval of application:	Yes                      No
Date Response sent to Correctional Contact to inform inmate:	
Date Referral Entered into Database:	
SHINE Employee Signature:	