



This Referral Form is for the purpose of getting some basic information about the young person who needs assistance and the type of assistance you are seeking. In order to assess whether it is suitable for SHINE for Kids, 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 (over 15 years of age), 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 telephone: ask to speak with the People and Culture Manager 02 9714 3000
- By email to: People and Culture Manager hrmanager@shineforkids.org.au
- By mail to: People and Culture Manager, SHINE for Kids 128-130 O'Connell Street, NORTH PARRAMATTA NSW 2151

DATE:

CHILD OR YOUNG PERSON BEING REFERRED

Please provide the following information about the child or young person who many participate in SHINE for Kids Programs:

First Name:	
Surname:	
Date of Birth:	
CIMS #:	
Gender:	Male Female Non-Binary Prefer Not To Disclose None of the Above – I identify as
Sexual Orientation:	Gay Lesbian Bisexual Straight Prefer Not To Disclose None of the above – I identify as
For Statistical Purposes Only	
Do you identify as:	Aboriginal Torres Strait Islander South Sea Islander Cultural and Linguistically Diverse
What is the main country you are cultural and linguistically diverse in?	
What is your country of birth?	
Do you require an interpreter?	Yes No
Preferred Language spoken:	

Is the child / young person currently:

Serving a custodial sentence – Please provide details:

Name of Centre the young person resides:

Current Offence:

Earliest release date:

Serving a community sentence/ Community Order – Please provide additional details:

Name of Community Office the young person attends:

Current Offence:

End / Completion date:

Other – Please provide details:

Please outline the main reason/s for this referral

**CARER / GUARDIAN INFORMATION**

	Guardian / Carer One			
Relationship to young person:				
First Name:				
Surname:				
Gender:	Male	Female	Non-Binary	Prefer Not To Disclose
	None of the Above – I identify as			
Sexual Orientation:	Gay	Lesbian	Bisexual	Straight
	Prefer Not To Disclose			
Address:				
Suburb:				
Postcode:				
Home Number:				
Mobile:				
Work Number:				
Email:				
For Statistical Purposes Only				
Do you wish to identify as:	Aboriginal	Torres Strait Islander	South Sea Islander	
	Cultural and Linguistically Diverse			
What is the main country you are cultural and linguistically diverse in?				
What is your country of birth?				
Do you require an interpreter?	Yes	No		
Preferred Language spoken:				

If applicable:

Does the young person currently reside at the above address? Yes No

If exiting custody will the young person be returning to the above address? Yes No

If no, What is / Will be the address that the Young Person resides:

	Guardian / Carer Two			
Relationship to young person:				
First Name:				
Surname:				
Gender:	Male	Female	Non-Binary	Prefer Not To Disclose
	None of the Above – I identify as			
Sexual Orientation:	Gay	Lesbian	Bisexual	Straight
	Prefer Not To Disclose			
Address:				
Suburb:				
Postcode:				
Home Number:				
Mobile:				
Work Number:				
Email:				
For Statistical Purposes Only				
Do you wish to identify as:	Aboriginal	Torres Strait Islander	South Sea Islander	
	Cultural and Linguistically Diverse			
What is the main country you are cultural and linguistically diverse in?				
What is your country of birth?				
Do you require an interpreter?	Yes	No		
Preferred Language spoken:				



Does the child / young person have a parent in prison? Yes No

If yes, please provide details below:

PERSON IN CUSTODY / DETAINEE PARENT INFORMATION

First Name:	
Surname:	
Date of Birth:	
Gender:	Male Female Non-Binary Prefer Not To Disclose None of the Above – I identify as
Sexual Orientation:	Gay Lesbian Bisexual Straight Prefer Not To Disclose None of the above – I identify as
MIN #:	
Correctional Centre:	
Current Offence:	
Release Date:	
Person In Custody's relationship to child:	
Person In Custody's relationship to child's guardian or carer:	
Level of contact between person in custody / detainee and child / young person prior to imprisonment:	
For Statistical Purposes Only	
Do they identify as:	Aboriginal Torres Strait Islander South Sea Islander Cultural and Linguistically Diverse
What is the main country they are cultural and linguistically diverse in?	
What is their country of birth?	
Do they require an interpreter?	Yes No
Preferred Language spoken:	

ORGANISATIONS CURRENTLY PROVIDING ASSISTANCE TO CHILD / YOUNG PERSON

Name of Organisation:

Contact Person:

Position:

Contact Numbers:

Email Address:

Name of Organisation:

Contact Person:

Position:

Contact Numbers:

Email Address:

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:

Signed:

Date:

Where did you find out about SHINE for Kids?

Management Approval (If applicable) signed

Date:

Mentee Agreement

I agree to participate in the SHINE for Kids Mentoring Program and assessment process.

Mentee's Name:

Signature:

Date:

When you have completed this Referral Form please send to:

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

Email: mentoringreferrals@shineforkids.org.au

Fax: 02 9714 3030



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

Phone: (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.

Consent by person in custody / detainee (if over 15 years of age):

Signed: _____ Name (printed): _____ Date: _____

Consent by legal parent/guardian of person in custody / detainee

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: _____

The release of information must be completed by:

- The young person if 18 years or over;
- The young person if 15-17 years and capable of giving informed consent, otherwise their parent / guardian / carer;
- The parent / guardian / carer if under 15.



SHINE for Kids®

Referral Form - Mentoring

Document Custodian: National Operations Manager

Next Review Date: 30 September 2022

SHINE for Kids Use Only:

Employee Name:

Date referral received:

Date response sent:

Date entered into SFK Impact Portal: