



This Referral Form is for the purpose of getting 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 People and Culture 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.

DATE: _____

Please outline the main reason/s for this referral:

- Education Program (RISE)
Intensive Family Case Management
Keeping Us Strong Parenting Program
Make contact with my child(ren)
Child's emotional wellbeing
Keeping Us Together Parenting Program
Family suffering Financial Hardship
Stay Together Play Together Playgroup
Other:

CHILDREN BEING REFERRED

Table with 4 columns: Child One, Child Two, Child Three. Rows include: First Name, Surname, Date of Birth, Gender, Who does the child live with?, School they attend, Level of contact with parent prior to imprisonment, and statistical purposes (Does the child live, Does the child wish to identify as, etc.).

Table with 4 columns: Child Four, Child Five, Child Six. Rows include: First Name, Surname, Date of Birth, Gender, Who does the child live with?, School they attend, Level of contact with parent prior to imprisonment, and statistical purposes (Does the child live, Does the child wish to identify as, etc.).



PARENT IN CUSTODY INFORMATION

	Parent In Custody One	Parent In Custody Two (if applicable)
First Name:		
Surname:		
Date of Birth:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not To Disclose <input type="checkbox"/> None of the Above – I identify as	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not To Disclose <input type="checkbox"/> None of the Above – I identify as
IOMS#:		
Correctional Centre:		
Correctional Centre Section:		
For statistical purposes only:		
Sexual Orientation:	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Straight <input type="checkbox"/> Prefer Not To Disclose <input type="checkbox"/> None of the above – I identify as:	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Straight <input type="checkbox"/> Prefer Not To Disclose <input type="checkbox"/> None of the above – I identify as:
Do you wish to identify as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Cultural and Linguistically Diverse	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Cultural and Linguistically Diverse
What is your country of birth?		
What is the main country you are cultural and linguistically diverse in?		
Do you require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Language spoken:		

PARENT IN CUSTODY INFORMATION – QCS TO COMPLETE

	Parent In Custody One	Parent In Custody Two (if applicable)
Current Offence:		
Release Date:		
Is Parent in Custody on Remand?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a current DVO?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, start date of Order:		
If yes, end date of Order:		
If yes, who are the protected persons?		
If yes, which type?	<input type="checkbox"/> 1 (good behaviour) <input type="checkbox"/> 2 (non-contact)	<input type="checkbox"/> 1 (good behaviour) <input type="checkbox"/> 2 (non-contact)
If yes, is the parent allowed to have visits with the nominated children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CARER INFORMATION (person/s currently caring for the child/ren)

	Carer One	Carer Two (if applicable)
Relationship to Child:		
First Name:		
Surname:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not To Disclose <input type="checkbox"/> None of the Above – I identify as	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not To Disclose <input type="checkbox"/> None of the Above – I identify as
Address:		
Suburb:		
Postcode:		
Home Number:		
Mobile:		
Work Number:		
Email:		



<i>For statistical purposes only:</i>		
	Carer One	Carer Two (if applicable)
Sexual Orientation:	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Straight <input type="checkbox"/> Prefer Not To Disclose <input type="checkbox"/> None of the above – I identify as: _____	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Straight <input type="checkbox"/> Prefer Not To Disclose <input type="checkbox"/> None of the above – I identify as: _____
Do you wish to identify as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Cultural and Linguistically Diverse	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Cultural and Linguistically Diverse
What is your country of birth?		
What is the main country you are cultural and linguistically diverse in?		
Do you require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

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? _____

Signature

Date



SHINE for Kids®

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 SHINE for 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 parent:

Signed:

Name (printed):

Date:

Consent by legal parent/guardian of children

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:

Consent by other carer of the children named in this form

Signed:

Name (printed):

Date:



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

SHINE for Kids – Townsville
PO Box 283
TOWNSVILLE CITY QLD 4810

Phone: 0402 487 908
Email: townsville@shineforkids.org.au

SHINE for Kids – Brisbane Womens, Helana Jones, Numinbah,
Southern Queensland Correctional Centre

Phone: 0491 696 335
Email: qld@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.

For Complaints, Compliments and Feedback

If you would like to provide any complaints, compliments or feedback please use the contact methods below:

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

SHINE for Kids Use Only:

SHINE Employee Name:	
Date Referral Received:	
Approval of Application:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Response sent to Correctional Contact to inform inmate:	
Date Referral Entered into SFK Impact Portal:	
SHINE Employee Signature:	

Officer completed DVO Check?

Confirmed no orders