



SHINE for Kids®

Referral Form - ACT

Document Custodian: National Operations Manager

Next Review Date: 25 June 2022

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.

DATE:

CHILDREN BEING REFERRED

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
- Supervised Visit
- Story Time Program
- Child's emotional wellbeing
- Carer/Parent banned visitor
- Requesting SHINE staff attend in-visits

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 Prefer Not To Say	Male Female Non-Binary Prefer Not To Say
PID #		
Correctional Centre:		
Correctional Centre Section:		
Current Offence:		
Release Date:		
Are you on Remand?	Yes No	Yes No
Parent's relationship to child's carer:		
Is there a current AVO / DVO / FVO ?	Yes No	Yes No
If yes, who are the protected persons?		
If yes, is the parent allowed to have visits with the nominated children?	Yes No	Yes No
Level of contact between parent and child/ren prior to imprisonment (e.g. did they live together; weekly visits):		
Can we contact your family?	Yes No	Yes No



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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:						

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

	Carer One	Carer Two (if applicable)
Relationship to child:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Say	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> 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	Aboriginal
	Torres Strait Islander	Torres Strait Islander
	South Sea Islander	South Sea Islander
What is your country of birth?		
Do you require an interpreter?	Yes	Yes
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:



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REFERRER INFORMATION

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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?



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 inmate/ 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 – ACT
PO Box 33
NARRABUNDAH ACT 2604

Phone: (02) 6207 2572
Email: act@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 HR Manager (02) 9714 3000.

By email to: HR Manager hrmanager@shineforkids.org.au

By mail to: HR Manager
SHINE for Kids
128-130 O’Connell Street
NORTH PARRAMATTA NSW 2151

FOR OFFICIAL USE ONLY:

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

Name of Correctional Officer doing this check:	
Date conducting check:	
Are there current DV Orders?	Yes No
If yes, start date of Order:	
If yes, end date of Order:	
If yes, are the protected persons named on this form?	Yes No
If yes, who are the named protected persons?	



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SHINE for Kids Use Only:

Staff Member 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:	

Officer completed DVO Check?

Confirmed no orders