



Wellbeing Hub Referral Form

Please complete this form to make a referral for Wellbeing support at Monivae College.

Please submit to the Director of Student Wellbeing via email: wellbeinghub@monivae.vic.edu.au

OFFICE USE ONLY				DATE RECEIVED:		
TRIAGE:	<input type="checkbox"/>	Tier 2 (early intervention/cohort specific, small group work)	<input type="checkbox"/>	Tier 3 (Individual/ targeted support)	<input type="checkbox"/>	Tier 3- Priority (at risk/ targeted support)

Student Given Name:		Surname:	
Year Level:		Age:	
Referred by:	<input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Boarding Staff <input type="checkbox"/> Learning Support Officer <input type="checkbox"/> External agency: <input type="checkbox"/> Other		

Reason(s) for Referral / Problem or Concern relating to: <i>(please check all that apply)</i>							
<input type="checkbox"/>	Mental health concerns	<input type="checkbox"/>	Social/peer relationship difficulties	<input type="checkbox"/>	Grief and/or Loss	<input type="checkbox"/>	Family Concerns (separation/ dysfunction/ conflict)
<input type="checkbox"/>	Self-injury (NSSI)	<input type="checkbox"/>	Behavioural concerns	<input type="checkbox"/>	Emotional dysregulation	<input type="checkbox"/>	Other (please specify)

Details of your concerns: What have you noticed?
Are you aware of any external services working with this student?
<input type="checkbox"/> Headspace <input type="checkbox"/> CAMHS <input type="checkbox"/> Psychologist <input type="checkbox"/> Counsellor <input type="checkbox"/> Other (give details)
Other relevant information: (medications? Any previous diagnosis?)
Desired outcome of wellbeing support: (eg: increase school attendance, improve social skills, develop strategies)

Actions taken by the person referring the student: (details of interventions, if applicable)

Has the parent/guardian been contacted about your concern?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Explain the outcome of the parent contact:	 			

Warning – Uncontrolled when printed! The current version of this document is kept on the Monivae College intranet.

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Authorised by:	Version:	CRICOS Provider Number: 00617M	

Is the student aware of this referral for wellbeing support?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

AUTHORITY

I understand that the information I provide on this form will be handled in accordance with the Monivae College Privacy Policy and the Privacy Act 1988.

I understand that checking this box constitutes a legal signature confirming that I warrant the truthfulness of the information provided in this form.

Signature of Person Making Referral:		Referral Date:	
Contact details:	Email:	Phone	

Privacy Statement: The school collects personal information to assist with the planning and support of the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information listed in this form may be disclosed to relevant School Staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by law.

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Referral outcome:	Date:	
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