



54 reasons

Play 2 Learn
A good beginning for every child



About Play2Learn

Play2Learn is 54reasons' group-based early years' service for children aged 0-5 and their caregivers. It offers intentional play-based education and support around building parenting skills and confidence. Play2Learn is run by Child Development Specialists and some of our playgroups also offer friendly tailored 1:1 support to families as required.

Who might benefit from Play2Learn?

All families with children aged 0-5 years are welcome to attend Play2Learn. The service is a safe, non-judgmental entry point for all families including those with high/complex needs or who are not engaged with early learning. Play2Learn can be part of an early intervention, step-down care arrangement, or a stand-alone activity.

Referral process:

Want to refer a child and their family to Play2Learn?

Please complete the form overleaf and email to our local Play2Learn staff listed below or call to discuss client suitability in business hours. All referrals require client consent.

Contact:

54 reasons - Australia's first and leading child rights organisation

We're here to make sure that everyone understands their rights, so that children and young people have their rights met and thrive, in all their diversity. We champion the children, young people and families we work with. We are inspired by the curiosity and creativity of children and motivated by the love of those who care for them. With the child's voice at the centre, we provide quality services to children and their caregivers, advocating with them so that children develop, learn, and are connected, safe and confident.

Client Consent (Please ensure that a parent or carer has provided consent for this referral)

Is the client aware of the referral?	
Does the client consent to being contacted by Play2Learn staff?	<input type="checkbox"/>
Name of consenting adult	
Consent obtained via	on
Where consent cannot be gained, please explain why here	

Client Details

Household details	Parent/carer (1)	Child (1)	Child (2)
First name			
Surname			
Date of birth			
Contact number			
Household composition <small>(select)</small>	<small>(select)</small>		
Is the family currently accessing any other support services?	<small>(select)</small> Details:		
Safety or risk concerns	<small>(select)</small> Details:		

Referrer Details

Full name		Role	
Organisation			
Email		Phone	
Current or prior engagement with clients	<small>(select)</small> Details:		

Reasons for Referral (tick all that apply)

Parent/Child attachment	<input type="checkbox"/>	Well-being and self-care	<input type="checkbox"/>
Parenting advice and confidence building	<input type="checkbox"/>	Supporting childhood development	<input type="checkbox"/>
Guidance on preschool & school enrolment	<input type="checkbox"/>	Connection to community	<input type="checkbox"/>
Assistance with linking to support services	<input type="checkbox"/>	Other	<input type="checkbox"/>
Please describe any strengths or interests			
Any other information			

Do the children require support in the following areas? (tick all that apply)

	Social-emotional	Fine motor	Gross motor	Language /speech	Separation anxiety	Attachment	Playing with others	Healthy habits	Transition to school/preschool
Child (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other areas of support									
Any other information									