CHILDREN'S MOBILITY SERVICE REFERRAL FORM

CHILD INFORMATION

Child's full name: _____

Date of birth: _____

Parent/Guardian's name: _____

Home address: _____

_____ Postcode: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Email _____

Language spoken: _____ Interpreter required Y or N

Is the child funded by: ☐ Better Start ☐ NDIS ☐ Other _____

SCHOOL INFORMATION

School: _____ Year level: _____

School contact: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Fax _____

Email: _____

REFERRAL INFORMATION

Referring person: _____

Position: Visiting Teacher ☐ Class Teacher ☐ Aide ☐ Parent ☐ Other ☐

Postal address: _____

_____ Postcode: _____

Telephone: BH _____ AH _____

Email: _____

VISUAL INFORMATION

Eye condition: _____

_____

_____ Date of onset: _____

Visual acuity: R _____ L _____ BEO _____

Visual fields: R _____ L _____

Print size: N _____

Low vision aids used: _____

Eye specialist: _____

Address: _____

_____ Postcode: _____

MEDICAL INFORMATION

General health:
(Diabetes / Asthma / Epilepsy or other): _____

_____

_____

_____

Other disabilities? _____

_____

_____

_____

Other service providers involved? _____

_____

_____

ORIENTATION & MOBILITY SKILLS

Current independent travel: _____

_____

_____

_____

_____

Mobility aid used: _____

Reason for referral: _____

_____

_____

_____

_____

Are there any urgent time constraints?
(Please provide details) _____

_____

_____

PARENTAL CONSENT FOR REFERRAL

(This section is compulsory)

I, _____ (parent/guardian name) I give permission for my son/daughter to be referred to Guide Dogs Victoria's (GDV) Children's Mobility Service for Orientation and Mobility services, and I understand that an Orientation and Mobility Instructor will contact me regarding this service.

Child's name .....

Parent/Guardian name .....(Printed)

Parent/Guardian signature .....

Parent/Guardian address.....

.....

Date .....

REFERRAL PROCESS

For Visiting Teachers:

1. Please forward the referral form to:

Lyn Robinson
Statewide Vision Resource Centre
P O BOX 201
NUNAWADING VIC 3131

Or, alternatively it can be faxed to (03) 9841 0878, attention Lyn Robinson

2. Lyn will then forward the referral to the Referrals Officer at the Children's Mobility Service.

All other referrals can be forwarded directly to:

Referrals
Children's Mobility Service
Guide Dogs Victoria
Private Bag 13
KEW VIC 3101
Telephone: (03) 9854 4469
FAX (03) 9854 4466
Email: referrals@guidedogsvictoria.com.au