



**Department of
Education & Training**

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Statewide Vision Resource Centre
Education Vision Assessment Clinic
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Educational Vision Assessment Clinic Application for Referral

Application for Assessment:

Have you attended The Royal Victorian Eye and Ear Hospital before?

Yes No

The Royal Victorian Eye and Ear Hospital occasionally mails fundraising material to patients. If you do not want to receive this information, please tick box.

(RVEEH staff only) UR issued/UR No.

Date details updated

Staff Name

Patient Details

Surname Given Names.....

Date of Birth

Male Female

Address

Country of Birth

Preferred Spoken Language

Is an Interpreter required at your Clinic visits? Yes No

Aboriginal or Torres Strait Islander Status:

Not Aboriginal or Torres Strait Islander

Aboriginal, not Torres Strait Islander

Aboriginal and Torres Strait Islander

Torres Strait Islander, not Aboriginal

Medicare Card No. Expiry date

Position on Card

Health Care Card No. Expiry date

Pension Card Number Expiry date

Next of kin Contact Details

Surname Given Names.....

Address

Telephone (H) (W) (Mobile) Email.....

Relationship to Patient

School Details

School (proposed school)

Year Level

Address

Name of Principal

Contact Person

Telephone

Local Doctor or GP Details

Doctor's Name

Clinic Name

Address

Telephone Fax

Ophthalmologist

(If an ophthalmologist has not been seen in the last six months, this should be arranged prior to referral)

Name

Clinic Name

Address

Telephone Fax

Referral

Referred by

Address

Telephone Mobile

Reason for Referral

.....
.....
.....
.....
.....

Other agencies involved (eg Vision Australia)

Signature of Person referring

(Please print name)

Consent

The Royal Victorian Eye and Ear Hospital

Consent for Information Release

I understand it is the usual practice of the Hospital to release information in my medical record to my treating doctors and General Practitioner. The Hospital will also forward anonymous information to The Department of Human Services for statistical purposes. In ordinary circumstances no other information in my medical record will be released to a third party without my consent.

Signature of Patient/Guardian

Date

Permission for Medical Report

State Government Victoria

Department of Education and Training

I give permission to the EVAC team to obtain a medical report regarding (name of student)

from (name and address of doctor/s) and permission to photograph my child for the purpose of identification on reports and case files.....

.....

Signed (Parent/guardian) Date

Privacy Statement

State Government Victoria Department of Education and Training

The Educational Vision Assessment Clinic (EVAC) is the facility used by the Department of Education and Training to establish the eligibility of students for additional support from specialist visiting teachers in the area of low vision and blindness. The role of this clinic is also to provide both the school and the Visiting Teacher with information about the child's vision impairment.

The personnel involved in the Educational Vision Assessment Clinic are a paediatric ophthalmologist, an education officer, and an educational psychologist. The latter two members are employees of the Department of Education and Early Childhood Development.

When you use this service, we ask for details about your child from your ophthalmologist to assist us in establishing eligibility for Visiting Teacher assistance. Once clinical eligibility is established further information may be requested from relevant school staff, such as the class teacher, and other relevant personnel. Information is collected and assessed in the form of a functional vision assessment that is completed at the child's school by the Education Officer.

We are required by law to protect your personal information. We do not release this information to anyone unless we have your consent, or are required by law as part of the service we provide. The information you have provided about your child is kept secure.

We rely on you to provide information about your child's vision impairment. Withholding relevant information may make it difficult to provide the best service possible for your child.

The Education Officer's written report is shared with a Visiting Teacher, other relevant school personnel and the parents in order to plan for your child's educational needs.

You have the right to check information you have given us to ensure it is up-to-date and accurate. If you have any concerns about your privacy please let us know.