

STUDENT ADVOCACY SERVICE

Advocacy request / referral form

54 reasons

I'm referring a client or student

I'm referring myself/my child

Referrer details

Name of referrer:

Referrer agency/Relationship to student:

Phone number Email

Referral date:

Student details

Name of child/young person:

Date of birth: Age: Gender:

School: Year level:

Aboriginal: Yes No Torres Strait Islander: Yes No

Aboriginal and Torres Strait Islander: Yes No

Does the family speak a language other than English at home: Yes No

If yes, which languages?

Disability: Yes No Diagnosed: Yes No

Diagnosis/overview:

Additional children *Please provide names and dates of birth*

Parent/Caregiver details

Name of Parent/Caregiver 1 Date of birth:

Phone number Email

Address

Name of Parent/Caregiver 2 Date of birth:

Phone number Email

Address

Reason for referral**Desired outcome**

Referrer signature

I confirm the family has consented for me to share written information with the Student Advocacy Project

Please email your referral/request to student.advocacy@54reasons.org.au

Your personal information is protected by law, including the Privacy Act 1988. Your personal information is used primarily for 54 reasons/Save the Children Australia's purposes (e.g. for registration, program planning and monitoring and evaluation). Your consent to access this service means that your case information regarding work undertaken with you and your child will be shared with NTG Department of Education and Training for the purpose of Impact Measurement.

54 reasons/Save the Children Australia will only release information about you or your child/family if you agree, if we required by law, or in a medical emergency.

You can request a copy of 54 reasons/Save the Children Australia's Privacy Policy by emailing privacy@savethechildren.org.au or asking a staff member.

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Student Advocacy Service
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