



PlayAbility Early Intervention Referral Form

| Child and Family details | |
|---|-----------------------|
| Child's name: | Parent / Carers name: |
| Home address: | |
| Postal address (if different from above): | |
| Child's DOB: | Gender: |
| Phone: | Email: |
| Reason for referring child: | |

| Referrer details (If you are the child's parent or carer, you can simply write "Parent" or "Carer" in the first box) | |
|---|-------------------|
| Referrer's name: | Contact number: |
| Name of agency/organisation/school: | |
| Referrer's signature: | Date of referral: |

Parents/carers should read the following and sign below:

I/we give permission for my/our child to be assessed by the PlayAbility Early Intervention team and for them to:

1. Retain relevant information for professional use.
2. Exchange relevant information regarding the child between PlayAbility and the referring agency/organisation if applicable.

I understand that I may withdraw this permission at any time.

Signature of parent/carer:

Date:

WE RESPECT YOUR RIGHT TO CONFIDENTIALLY

There is a copy of our Confidentially and Privacy Policy on our website (www.playability.com.au) and you can receive a copy on request. Please contact us if you would like a copy emailed or posted to you.

Please forward the completed form to PlayAbility via email (admin@playability.com.au) or post (PO Box 501, Eden NSW 2551).

Office use

PlayAbility representative name:

Signature:

Date:

Contact Information
The Service Manager,
PlayAbility Inc.
PO Box 501, Eden. NSW. 2551
Phone: (02) 6496 1918
Email: admin@playability.com.au