



PlayAbility Family Support 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 Family Support 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