



PlayAbility Early Intervention Referral Form

Child and family details	
Child's name:	Parent's/carer's name:
Home address:	Phone:
Postal address (if different to above):	Email:
Child's date of birth:	Gender:
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 phone:
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 COFIDENTIALITY.

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), fax (02 6496 3291), or post (PO Box 501, Eden NSW 2551).