



POST SCHOOL SUPPORT REFERRAL

STUDENT DETAILS			
Name			
School		School Subjects if Applicable:	
D.O.B		1. _____	
Mobile		2. _____	
Parent/Guardian		3. _____	
Parent/Guardian		4. _____	
Mobile		5. _____	
REFEREE DETAILS			
Name		Occupation	
Email		Mobile	
Relationship (career advisor, AEO)			
TYPE OF POST SCHOOL SUPPORT? (e.g., employment, traineeship/apprenticeship, university, TAFE etc)			
DECLARATION			
<p>Declaration: I declare that the information I have provided on this form is completed and correct with the permission of the referred individual.</p> <p><input type="checkbox"/> I have read/had explained the provisions of the Post School Support Officer program to the individual</p> <p><input type="checkbox"/> I consent to information being used and disclosed to the Post School Support Officer program and as the referee I have completed this form with the consent of the referred individual, in accordance with confidentiality requirements.</p> <p>Referee Signature: _____ Date: _____</p>			
OFFICE USE ONLY			
Referral Outcome		Date	
Entered in Report		Date	

