

Referral form

Section 1 - Personal Details		Section 2 – Referral Details	
Student ID Number:		Referral Date:	
Family Name:		Student Aware of Referral: Yes <input type="checkbox"/> No <input type="checkbox"/>	
First Name:		Student Consent Given: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Preferred Name:		Student U18: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Birth dd/mm/yyyy		Referring University of Adelaide College Staff Member	
Gender: M F Unspecified		Family Name:	
Contact Number:		First Name:	
OSHC Provider:		Position:	
OSHC Policy Number		Contact Number:	
Medicare Number		Email:	
Section 3 – Appointment Details			
Appointment Made: Yes <input type="checkbox"/> No <input type="checkbox"/>		Appointment With:	
Appointment Date:		Appointment Time:	
Section 4 – Student Background			
Section 5 – Medical Issue			
Section 6 – Documentation/ Information Required by the College			

Privacy Statement

The information on this form is collected for the primary purpose to make it easier for students to book/attend medical/counselling appointments and share information with medical practitioner/counsellor. You have a right to access personal information that the University of Adelaide College holds about you, in accordance with the Privacy Act 1988 (Cth) and the College's Privacy Policy. The College's Privacy Policy sets out how the College will handle personal information (to be found at www.college.adelaide.edu.au/privacy/). You may contact our Privacy Officer at privacy@kaplan.edu.au if you have any enquiries about your personal information or if you wish to make a privacy complaint.

University of Adelaide College

Referring Staff Member Signature _____ Date: _____

Student Signature _____ Date: _____

Parent/Legal Guardian Signature _____ Date: _____

(for Students under the age of 18 years, parents/legal guardians must sign this form)



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