



Confidential > VoRTCS Family Referral Form

Date: ___ / ___ / 20___

Referral Guidelines

- The family has been released from detention or settled in Australia for over 6 months.
Two or more family members (including adult/s) require ongoing weekly tutoring assistance and agree to participate in the program.
Areas of assistance are for improvement of Basic English language skills (conversation, reading and writing) as well as integration into the Brisbane Community.
Request for assistance is not primarily for 'private homework' tutoring of children.
The referrer for this family can facilitate the first meeting between the family and allocated tutors, at a later date.
The family understands that tutors are volunteers and that they will be graduated from the program upon achieving an adequate level of English language skills and comfortably settling into the Brisbane community.

Referrer Details

Name Organisation
Address Email
Phone Mobile Contactable hours/days
Date family started with organisation Date family due to finish with organisation

Family Details

Dominant Surname Name Date of arrival in Aus. (release from detention)
Father's Full Name Date of Birth
Mother's Full Name Date of Birth
Address Postcode
Phone (home) (mobile)
Email (if known) Visa Type
Country of Origin Ethnicity
Religion Languages Spoken

Family Members

Full Name	Relationship (E.g. son, daughter, etc.)	Gender (M/F)	Date of Birth DD/MM/YYYY

Family Spokesperson (can communicate with VoRTCS volunteers)

Individuals Name/s _____

Family Support Information (what support is needed)

Area of Assistance Needed	Yes / No (please tick)	Member Requiring Assistance	Additional Comments
School subjects (basic English and maths only)	(Yes) / (No)		
TAFE/AMEP course work	(Yes) / (No)		
Conversational skills/practice	(Yes) / (No)		
Reading skills/practice	(Yes) / (No)		
Writing skills/practice	(Yes) / (No)		
Integration and understanding of the Brisbane community	(Yes) / (No)		
Completing forms & paperwork	(Yes) / (No)		
Budgeting skills	(Yes) / (No)		
Additional needs (i.e. confidence building, companionship, etc.)	(Yes) / (No)		



Education

Table with 3 columns: Family Members Name, School/Institution, Grade/Course

Home Environment

Are there any household pets? _____ If yes, what type? _____

Volunteer Allocations

Gender (male/female/either) _____ (please note this may impact waiting time)

Additional Information (help us understand the family better)

Health issues _____

Disabilities _____

Concerns _____

Reasons for referral request _____

_____ (Attach additional sheet if necessary)

Privacy Statement

(The referrer must read the following to the family spokesperson at time of collection of the above information)

The information about you and your family on this form is being collected by us at St Vincent de Paul Society Queensland. Are your family members happy for you to give us this information? [Ensure that the person agrees.]

This information helps us to work out how we can help you and to run the tutoring program. We might share the information with other St Vincent de Paul societies, volunteer tutors and community organisations that support your family.

We have a Privacy Policy that contains more details about how we handle your information, how you can ask to see your information or update it, and how you can contact us if you have any privacy concerns. The Privacy Policies are on our website, or you can ask us about the policies now or at any time.

Contact Information

Please forward this form once fully completed to tutoring.vortcs@svdpgld.org.au

Any concerns or questions contact the Program Coordinator on (07) 3010 1069 / 0438 127 416