Student Internal Referral GO Store TO HOC									
STUDENT DETAILS							D.O.B		
Student Name					Mobile				
Email							Roll Class		
Reason for Attending SERLC							Last School		
Carer Name							Mobile		
REFERRING INFORMATION									
Name							Campus		
Email							Phone		
Position	Referral Date				Feedback Re	Required		Yes	No
Student consent to referral			Yes	No	Carer consent to referral		ferral	Yes	No
REASON for REFERRAL									
Homelessness	Difficulties Learning	Suspension		Conflict with Teachers		Oth	ther:		
Violence	Low Grades	Cancellation		Conflict with Peers					
Drug and Alcohol	High Non- Attendance	Exclusion		Relationships / Social Skills					
Family Conflict	Special Education Unit	Youth Justice		High Behaviour Referrals					
Abuse / Neglect	Mental Health	Physical Health		Transition Support					
Previous School- Based Support									
Other Agencies/ Services involved									
Transition Support									
Currently undertaking Cert/SBT/SBA	Certificate Name					Cer	ertificate Code		
	Date Commenced			C			te Complete		
	Host Name								
Interested in undertaking Cert/SBT/SBA	Area of Interest			<b>F</b>					

Campuses Eagleby Helensvale Varsity Lakes

## South fast Region's fearning Centres



Queensland Government