STUDENT REFERRAL - REQUEST FOR NURSING SERVICES
Nrs_Spc_Form_1_M

Eligibility for Referral
Education Queensland Nursing Services are available to students enrolled in Qld State schools who have a verified disability and/or specialised health need.

Nursing Services include:
- **Education and Training** for school staff supporting students with long-term health conditions and/or specialised health procedures (e.g. Gastrostomy, tracheotomy, stoma care, catheterisation, epilepsy, diabetes, anaphylaxis)
- Ongoing direct/indirect **support and supervision** for staff members who deliver specialised health procedures
- **Individual Health Plan** and **Emergency Health Plan** development
- **Refresher training** and updates as required

Referral Process
Referrals requesting Nursing Services must be signed by the Principal of the school requesting the service. The privacy section of this form and consent to Nursing Services must be read and signed by the student and/or parent/carer. A separate Referral/Request must be completed for each student accessing the Nursing Service.

When the completed referral has been received, and eligibility for nursing services has been established by the registered nurse, the person making the referral will be contacted by the registered nurse to discuss the nursing support required and when that service will be made available.

PLEASE RETURN COMPLETED REFERRAL FORM TO: Mount Morgan SHS Administration Services

Privacy Notice
The Department of Education and Training (DET) is collecting this information in order to determine and establish referral and support options for the student’s verified disability and/or specialised health need. This information will only be accessed by authorised departmental employees. Some of this information may be given to external health providers and other support agencies and may also be disclosed to Centrelink in compliance with ss.194 and 195 of the Social Security (Administration) Act 1999 (Cth). In accordance with s.426 of the Education (General Provisions) Act 2006 (regarding student’s personal information) and the Information Privacy Act 2009 (parent/carer’s personal information) your information will not be disclosed to any other person or body unless you have given DET permission or DET is required or authorised by law to disclose the information.

Student Information

<table>
<thead>
<tr>
<th>Student’s last name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s first name:</td>
<td>Gender:</td>
</tr>
<tr>
<td>EQ ID Number:</td>
<td>Allergies:</td>
</tr>
<tr>
<td>(Circle) In which country was the student born? Australia Other</td>
<td>Verification: PI II HI SLI VI ASD</td>
</tr>
<tr>
<td>Cultural Background:</td>
<td></td>
</tr>
</tbody>
</table>

Parent/Carer Information

<table>
<thead>
<tr>
<th>Parent/Carer Name:</th>
<th>Email address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home address:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

Medical/Health Information

Diagnosed Medical Condition:

Please list the **specialised health procedure(s)** (routine, occasional or emergency) that are necessary for this student during school hours:

Please indicate the day(s) the student attends school:

Referring Person:
I have discussed the proposed referral and consent(s) with the student and/or parent/carer. I am satisfied that they understand the proposed involvement of nursing services, the proposed collection, use and disclosure of their personal information and the requirement that they consent to services:

Uncontrolled copy. Refer to the Department of Education and Training Policy and Procedure Register at [http://ppr.det.qld.gov.au](http://ppr.det.qld.gov.au) to ensure you have the most current version of this document.
Referring Person’s Name: __________________________ Position: ______________________
Signed: __________________________

DEPARTMENT/SCHOOL REQUESTING SERVICE:

Principal’s Name:

Principal’s Signature (from referring school): __________________________ Date: ______________________

Phone: __________________________ Email: __________________________

ACKNOWLEDGEMENT / CONSENT
The student and/or parent/carer must read and understand clauses a)-c) below prior to signing and dating below as indicated.

a) Consent To Provision Of Education Queensland Nursing Services
The Education Queensland Registered Nurse can only provide nursing services if the student and/or parent/carer consent to the provision of the service.

 I consent to an Education Queensland Registered Nurse providing nursing support to address the health requirements of the above-named student during school hours. I understand that services and follow-up may be provided as deemed appropriate by the registered nurse. I understand that I must inform school personnel as soon as possible of any changes to the student’s health status or health procedure(s).

b) Student’s Privacy & Consent To Referral
The student’s personal information on this form has been collected and may be used and disclosed for the purpose of ascertaining and establishing referral and support options for the student’s verified disability and/or specialised health need. The informed consent of the student/parent/carer is being obtained in accordance with s.426(3)(b) of the Education (General Provisions) Act 2006. Disclosure of certain information to Centrelink may also be necessary in compliance with ss.194 and 195 of the Social Security (Administration ) Act 1999 (Cth).

 I consent to the recording, use or disclosure of the student’s personal information for the abovementioned purposes in the following ways:
   Recording the student’s personal information in this form, the Individual Health Plan, Emergency Health Plan and other relevant documents;
   Disclosure and sharing of relevant personal information for purpose of this referral to EQ Nursing Services and for the provision of education services in general;
   The EQ Registered Nurse sharing the student’s relevant personal information with external health providers / other support agencies as required.

c) Parent/Carer’s Privacy
The Queensland Government’s Information Privacy Act 2009 governs DET’s management of a parent/carer’s personal information.

 As a parent/carer, I consent to my personal information being collected on this form and it being used and disclosed for the purpose of ascertaining and establishing referral and support options for the student’s verified disability and/or specialised health need and for education services in general. I understand that personal information from this form may also be supplied to external health providers and other support agencies and may also be disclosed to Centrelink in compliance with ss.194 and 195 of the Social Security (Administration ) Act 1999 (Cth).

Student Name: __________________________ Date: ___/___/___
Signature: __________________________

If the student is capable of giving consent, the parent/carer must also give their consent by signing the form. The student can only consent / sign this form if Education Queensland decides they have the appropriate maturity and understanding to give informed consent. Otherwise, the parent/carer only must sign the form on behalf of the student.

Parent/Carer Name: __________________________ Date: ___/___/___
Signature: __________________________

EQ Nursing Services Only

Comment

Name: ………………………………………….. Signature: ………………………….. Date: …… / …… / ……