



Fine Motor Skills Program - Referral Form

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

Child's name		Date of birth	
Parent's name		Contact number	
Address			
Referring organisation			
Name		Contact number	
Is your child of Aboriginal or Torres Strait Islander descent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this child currently attend preschool?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will your child be attending school next year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child been diagnosed with any disabilities/disorders?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details below:			
Does this child regularly access other specialist services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details below:			
Areas for Development (please tick relevant boxes)			
<input type="checkbox"/> Fine Motor Skills	<input type="checkbox"/> Muscle control	<input type="checkbox"/> Sensory processing	
<input type="checkbox"/> Motor planning	<input type="checkbox"/> Coordination	<input type="checkbox"/> Pencil grasp	
<input type="checkbox"/> Scissor skills	<input type="checkbox"/> Other		
Parent name			
Parent signature		Date	

DATA AND DOCUMENT CONTROL