

## WAITLIST APPLICATION PROFESSIONAL REFERRAL FORM

This form is to be completed by a **professional referee** who understands the student's educational support needs. A suitable referee may include a Principal, Teacher, Guidance Officer, Psychologist, General Practitioner, Specialist, Social Worker, Youth Support Workers, Chaplain, Therapist etc.

Student's Legal First Name	Student's Legal Surname
Preferred Name	Student's Residential Suburb
Gender	Date of Birth
Male Female	
Parent/Guardian Name/s	Parent/Guardian/s Contact Email & Mobile No
	nsland requires a student to have disengaged or be at serious risk of de behavior, social/emotional factors or the impact of a disability.
Does the student meet this criterion?	No Unsure
Educati	onal Details
Current School	Current Grade
Previous School (s)	Grade/s
Please describe the students current schooling situation:	
(e.g., Suspensions, expelled, not wanting to attend, truancy, bullying, struggling	j at school, etc.j
Diagnoses & support needs: (e.g., complex trauma, social, academic, emotional, personal, behavioral, physical	al limitations)

What are the student's strengths, and what strategies have been used to assist the student?	
What is the student's care/ living arrangements?	
How will animal assisted learning (in particular horses) bene	fit the student?
Trow will drilling assisted learning (in particular noises) bene	in the student:
Referring Pers	on's Details
Referring Person's Name	
Organisation/School	
Organisation/School	Position
Organisation/School	Position
Relationship to student	Position  How long have you worked with the student?
Relationship to student	How long have you worked with the student?
Relationship to student	How long have you worked with the student?
Relationship to student  Email	How long have you worked with the student?  Contact Number
Relationship to student  Email	How long have you worked with the student?  Contact Number
Relationship to student  Email	How long have you worked with the student?  Contact Number

Please Return Completed Form To:

**Scan/Email:** enrolments@carbrookcentre.qld.edu.au **OR** 

Via Post: Carbrook Centre, PO BOX 3056, Loganholme, QLD 4129