



## 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

The criteria for Special Assistance Schools (SASs) in Queensland requires a student to have disengaged or be at serious risk of disengagement from mainstream schooling. Factors may include behavior, social/emotional factors or the impact of a disability.

Does the student meet this criterion?

Yes

No

Unsure

### Educational Details

Current School

Current Grade

Previous School (s)

Grade/s

Please describe the student's current schooling situation:

(e.g., Suspensions, expelled, not wanting to attend, truancy, bullying, struggling at school, etc.)

Diagnoses & support needs:

(e.g., complex trauma, social, academic, emotional, personal, behavioral, physical 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) benefit the student?

Referring Person's Details

Referring Person's Name

Organisation/School

Position

Relationship to student

How long have you worked with the student?

Email

Contact Number

Signature

Referral Date

Please Return Completed Form To:

Scan/Email: [enrolments@carbrookcentre.qld.edu.au](mailto:enrolments@carbrookcentre.qld.edu.au) OR

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