

SPELD NSW

Professional Referral Database Form



Instructions for Professionals

SPELD NSW operates a Professional Referral Database for the purpose of connecting you with those who have Specific Learning Difficulties (SLD), their guardians and their educators. If you are a member of SPELD NSW and a Professional (including Educational Psychologists, Speech Pathologists, Occupational Therapists, Behavioural Optometrists etc.), you may apply to be listed on SPELD NSW referral database.

To be listed on the referral database as a **Professional** you should:

- Complete this form;
- Provide SPELD NSW with a copy of a current resume/CV or your Business Description, and
- Provide SPELD NSW with a number of your current Working with Children Check and your DOB**;

If you wish to be listed as **Professional**, you should additionally provide:

- Copies of your qualifications and/or professional bodies registrations
- A short description of your work in the SLD field
- A sample report (may be anonymised) which is representative of your work in the SLD field.

Please return this form and the above materials to SPELD NSW by email or post. You will then be contacted by SPELD NSW to arrange a brief phone interview. Information will be incorporated into SPELD NSW's database. You should contact SPELD NSW to update your information annually.

Please tick: **Psychologist** **Speech Pathologist** **Behavioural Optometrist** **Occupational Therapist**

Your name: _____

Organisation (specify name of practice, service, centre etc.): _____

Qualifications: _____

Contact details (please print clearly):

Email address for enquiries: _____

Website: _____

Phone: _____ Mobile: _____ Fax: _____

Practice address: _____ P/C _____

WWC number: _____

DOB: _____

Age Range

I / we work with:

Infants/Preschool 0-4 yrs

Adolescent

Child 5-12 yrs

Adult

** The Working with Children Check is a prerequisite for paid and unpaid children related work under Part 2, Section 6 of the Child Protection (Working With Children) Act 2012. For more information and to apply for a WWC number, please visit the website of the NSW Office of the Children's Guardian:
<http://www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check>

Preferred Areas of Remediation I / we prefer to work in the following areas of remediation:

Psychologist

Clinical

Educational

- | | | | | | | | |
|---------------------------------------|--------------------------|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------------|--------------------------|
| Academic Performance | <input type="checkbox"/> | Learning Difficulties | <input type="checkbox"/> | Intellectual disability | <input type="checkbox"/> | School issues | <input type="checkbox"/> |
| Vocational Assessment & Career issues | <input type="checkbox"/> | Intellectual Assessment | <input type="checkbox"/> | Impairment Assessment | <input type="checkbox"/> | Neuropsychological Assessment | <input type="checkbox"/> |
| Behaviour Problems | <input type="checkbox"/> | Asperger/Autism | <input type="checkbox"/> | ADHD | <input type="checkbox"/> | Spelling | <input type="checkbox"/> |
| Reading | <input type="checkbox"/> | Writing | <input type="checkbox"/> | Comprehension | <input type="checkbox"/> | Maths | <input type="checkbox"/> |

Other (please specify): _____

Speech Pathologist

- | | | | | | | | |
|---------------------|--------------------------|-----------|--------------------------|---------------------|--------------------------|-------------------|--------------------------|
| Auditory Processing | <input type="checkbox"/> | Dyspraxia | <input type="checkbox"/> | Language & Learning | <input type="checkbox"/> | Childhood Apraxia | <input type="checkbox"/> |
| Literacy | <input type="checkbox"/> | Speech | <input type="checkbox"/> | Articulation | <input type="checkbox"/> | Phon. Awareness | <input type="checkbox"/> |
| Reading | <input type="checkbox"/> | Writing | <input type="checkbox"/> | Comprehension | <input type="checkbox"/> | Spelling | <input type="checkbox"/> |

Other (please specify): _____

Behavioural Optometrist

- | | | | | | | | |
|-------------------|--------------------------|---------------------------------|--------------------------|--------------------------------|--------------------------|---------|--------------------------|
| Children's vision | <input type="checkbox"/> | Behavioural & Learning Problems | <input type="checkbox"/> | Eye turns | <input type="checkbox"/> | Reading | <input type="checkbox"/> |
| ADD | <input type="checkbox"/> | Learning Difficulties | <input type="checkbox"/> | Tunnel Vision/Depth Perception | <input type="checkbox"/> | Writing | <input type="checkbox"/> |

Other (please specify): _____

Occupational Therapist

- | | | | | | | | |
|---------------------|--------------------------|---------------------|--------------------------|-------------------------|--------------------------|----------------------------------|--------------------------|
| Adaptive Technology | <input type="checkbox"/> | Learning disability | <input type="checkbox"/> | Intellectual disability | <input type="checkbox"/> | Hand writing & fine motor skills | <input type="checkbox"/> |
| Sensory Integration | <input type="checkbox"/> | Developmental Delay | <input type="checkbox"/> | Vision Impairment | <input type="checkbox"/> | Autism | <input type="checkbox"/> |

Other (please specify): _____

Times Available/Office Hours I am /we are generally available on the following days:

- | | | | | |
|----------|------------|--------------------------|-----------------|--------------------------|
| Weekdays | before 9am | <input type="checkbox"/> | Sundays | <input type="checkbox"/> |
| | 9am-5pm | <input type="checkbox"/> | Saturdays | <input type="checkbox"/> |
| | after 5pm | <input type="checkbox"/> | School holidays | <input type="checkbox"/> |

Fees

I /we generally charge the approximate assessment fees between \$_____ and \$_____,
Fees \$_____ per hour/ \$_____ half hour.

Suburbs/Areas

I / we work in the following suburbs/areas (please provide suburbs and postcodes): _____

Please specify areas to which you are willing to travel to meet with clients. If you only work out of a single location, please specify "at office only" _____

Additional Information

Please provide any additional relevant information:

- | | | | | | |
|-----------------|--------------------------|--------------------|--------------------------|-------------------|--------------------------|
| Home visit | <input type="checkbox"/> | Wheelchair access | <input type="checkbox"/> | Medicare Provider | <input type="checkbox"/> |
| Referral needed | <input type="checkbox"/> | Health Fund rebate | <input type="checkbox"/> | | |

Office use only:

Date:

Year