

Think Talk Do Psychology

Kinder Support Program

Referral Form 2025

Child's Name		
DOB		
Kindergarten Attending		
Year Level 2025	3 yo	4yo
Parent 1	Name	Relationship to child
Preferred Contact person <input type="checkbox"/>		
Address		
Contact Phone		
Email		
Parent 2 (if none leave blank)	Name	Relationship to child
Preferred Contact person <input type="checkbox"/>		
Address		
Contact Phone		
Email		

Kindergarten Contact person	
Kinder Contact email / phone	
Do you give permission for TTD to speak to the Kindergarten regarding your child's referral	

Yes	No
Reason for Referral	
Please Select one option	<input type="checkbox"/> My child has NDIS funding <input type="checkbox"/> I am in the process of applying for NDIS funding <input type="checkbox"/> I would like support in accessing NDIS funding <input type="checkbox"/> My child does not have NDIS funding <input type="checkbox"/> My child will access the KSP privately
Parent 1 Signature	
Date	
Parent 2 Signature	
Date	

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Please forward this referral to THINK TALK DO Psychology and a staff member will contact you shortly.

By mail
Think Talk Do Psychology
PO Box 748
Ballarat 3353

By email
admin@thinktalkdo.com.au

Via our website
www.thinktalkdo.com.au

If you have any questions please contact us by phone on 0427 032 650
Please note our clinicians may be with clients, please leave a message and we will contact you as soon as possible