

PLEASE COMPLETE ALL DETAILS: To be completed by service

Date of request: _____ Service leader name: _____

Name of eligible education and care service:

Street address:

Telephone: _____ Fax no: _____

Email: _____

Please indicate below your service needs for inclusion support:

Disability

Disruptive behaviour

High medical needs

Assistance with inclusive programming:

Aboriginal and Torres Strait Islander child

Access to specialised equipment*

*Requests for specialist equipment must be accompanied by the Specialist Equipment Request Form.

Culturally and Linguistically Diverse child

Language and speech delays

Refugee/humanitarian status

Advice and support*

Strategic Inclusion Plan (SIP)

*Services or individuals only requesting advice and support, please submit this page only.

Have you had a child attend with this need in the past? yes If yes, how many? _____ no

Current NQS assessment rating in Quality Area: 1: _____

2: _____

4: _____

6: _____

Signature of Director: _____

Please return this form by email to: inclusion@gowriesa.org.au or fax: (08) 8125 6644

OFFICE USE ONLY

Date received:

Priority

Allocated to:

CHILD'S DETAILS:

Surname: _____ First name: _____
 Date of birth: _____ Gender: _____
 Child's address: _____
 Child's nationality: _____ Language/s spoken: _____
 Description of child's additional needs or diagnosis (if applicable): _____

PARENTS/GUARDIAN(S) DETAILS

Name: _____
 Relationship to child: Parent Guardian Other _____
 Phone: H _____ W _____ M _____
 Email: _____
 Name: _____
 Relationship to child: Parent Guardian Other _____
 Phone: H _____ W _____ M _____
 Email: _____

CHILD'S ATTENDANCE:

Long Day Care Family Day Care In Home Care Budget Based Service
 Before School Care After School Care Vacation Care
 Days attending: Mon Tues Wed Thurs Fri Sat Sun Start date: _____

Is your child receiving services from other agencies, such as therapists, primary health care, kindergarten, school, allied health professionals or any other community support services?

Agency name	Contact name	Phone	Consent to contact (please initial)

- I agree to the Inclusion Agency - Gowrie SA discussing strategies with educators, to assist with the inclusion of my child into the education and care environment.
- I agree to the above agencies being contacted to release information in regard to the inclusion of my child.

Signed: _____ (parent/guardian) Please return this form by email to: inclusion@gowriesa.org.au or fax: (08) 8125 6644

Inclusion Support Program (ISP)

Consent to release information

Your personal information may be used by the Inclusion Agency Gowrie SA for the purpose of providing support to the education and care service to include your child in the program.

We will only disclose your personal information where it is necessary for the purposes of providing services to benefit your child in complying with our legal obligations.

You may request access to your personal information and request that it be corrected at any time.

Gowrie SA abides by the SA Government Information Sharing Guidelines (ISG) for Promoting the Safety and Wellbeing of Children, Young People and their Families. This means we will work closely with other agencies to coordinate the best support for your child in the service.

If you wish to request access to or correct your personal information, or if you have any queries regarding the Privacy and Confidentiality Policy, please contact your education and service Director/Manager/Leader to facilitate this request.

- I agree to the education and care service discussing information about my child in order to provide the Inclusion Support Program.
- I agree to the Inclusion Agency - Gowrie SA discussing strategies with educators to assist with the inclusion of my child into the education and care environment.
- I agree to the above listed agencies being contacted by Gowrie SA to release information in regard to the inclusion of my child.

Name of child: _____ Date of birth: _____

Name of education and care service: _____

Signature(s) of parent/guardian _____ Date: _____

_____ Date: _____

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