

Inclusion Support Program (ISP)

Request for service

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:

Inclusion Support Program (ISP)

Further details and agreement to release information

Gowrie

South Australia

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

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: _____

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

Permission for your child to participate in program evaluation

By signing below, you acknowledge and agree that your child may be approached to provide feedback on their experience of Gowrie SA Inclusion Agency support through the use of an electronic survey app. Participation in the survey is voluntary, and children will be de-identified.

In providing your consent, your child's feedback and de-identified information may be used on the Gowrie SA website, in newsletters, in promotional and marketing materials, in internal and external publications, and for reporting and evaluation purposes. In providing your consent, your child's feedback may also be used for Gowrie SA's administrative and teaching purposes, in particular through conference presentations.

You acknowledge and agree that no personal identifying information, such as names, will be used by Gowrie SA unless express consent is given for this purpose.

You may withdraw your consent at any time upon written notice; otherwise it will be taken that your consent shall not expire. Please note that once your or your child's feedback has been used it will not be possible to remove it from any past material. Please consider this carefully as part of your consent.

I _____ hereby consent to Gowrie SA to use, reproduce and communicate (in hardcopy or electronic format) any de-identified feedback and personal information regarding disability and cultural background about my child

_____ taken for ongoing use for the following purposes:

- Gowrie SA publications and promotional activities (including but not limited to Gowrie SA's website, newsletters, publications, promotional and marketing materials, and reporting and evaluation activities);
- Gowrie SA's administrative and teaching activities, including conference presentations.

I am aware that once my child's feedback has been used it may not be possible to remove it from past materials, only from future publications/materials.

Signature _____ Date _____