

# 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:

\_\_\_\_\_

Postal address:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax no: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate below your service needs for inclusion support:

- |  |   |
|--|---|
| <input type="checkbox"/> Disability                                  | <input type="checkbox"/> Disruptive behaviour   |
| <input type="checkbox"/> High medical needs                          | <input type="checkbox"/> Assistance with inclusive programmings   |
| <input type="checkbox"/> Aboriginal and Torres Strait Islander child | <input type="checkbox"/> Access to specialised equipment*   |
| <input type="checkbox"/> Culturally and Linguistically Diverse child | <small>*Requests for specialist equipment must be accompanied by the Specialist Equipment Request Form.</small> |
| <input type="checkbox"/> Advice and support                          | <input type="checkbox"/> Refugee/humanitarian status  |
|  | <input type="checkbox"/> Strategic Inclusion Plan (SIP)   |

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](mailto:inclusion@gowriesa.org.au) or fax: (08) 8125 6644

OFFICE USE ONLY

Date received:

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Further details and agreement to release information

## CHILD'S DETAILS:

Surname: \_\_\_\_\_ First name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender:  M  F  
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](mailto:inclusion@gowriesa.org.au) or fax: (08) 8125 6644

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## 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 authorised person(s) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

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