

Inclusion Support Programme (ISP)

Request for Service

PLEASE COMPLETE ALL DETAILS: To be completed by service

Name of eligible education and care service:

Street address:

Telephone: _____ Fax no: _____

Email: _____

Name of Person Requesting Support: _____ Position: _____

Service Type:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Long Day Care | <input type="checkbox"/> Family Day Care | <input type="checkbox"/> Occasional Care | <input type="checkbox"/> Mobile Services |
| <input type="checkbox"/> Before School Care | <input type="checkbox"/> After School Care | <input type="checkbox"/> Vacation Care | |

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"/> Language and speech delays | <input type="checkbox"/> Refugee/humanitarian status |
| <input type="checkbox"/> Advice and support* | <input type="checkbox"/> Strategic Inclusion Plan (SIP) |

Are you 'Working Towards' or below in the following NQS Quality Areas?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Quality Area 1 | <input type="checkbox"/> Quality Area 3 | <input type="checkbox"/> Quality Area 5 | <input type="checkbox"/> Quality Area 6 |
|---|---|---|---|

Name of Director/Co-ordinator: _____

Signed: _____ Date: _____

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

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

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Further Details & Parent/Guardian Information

CHILD'S DETAILS:

Surname: _____ First name: _____

Date of birth: _____

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: _____ Email: _____

Name: _____

Relationship to child: Parent Guardian Other _____

Phone: _____ Email: _____

CHILD'S ATTENDANCE:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Start Date: _____

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 please submit page 1 only.

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Parent/Guardian Consent to Release Form

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 give permission for the Inclusion Agency staff to liaise with other services/agencies that are supporting the care of my child (e.g. Therapists working with our family).

Name of child: _____ Date of birth: _____

Name of education and care service: _____

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

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: _____

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