

## **Inclusion Aware Certificate Survey Template**

Thank-you for your interest in applying to be recognised as Inclusion Aware.

This template was developed to enable you to work on your inclusion aware answers in your time. Use this tool to reflect on what makes your services practices Inclusion Aware. You will be given the opportunity to include photographic evidence to support your submission when completing the survey. Please sign and include the attached Media Release form\*.

\*please note photos of children will not be included on social media.

## **Strategic Inclusion Plan**

To be considered Inclusion Aware, a service must have a Strategic Inclusion Plan. If you do not yet have a Strategic Inclusion Plan please speak to your IP about developing one.



Provide details about how you developed and implement your SIP?



# **Community and Culture**

This area relates to how your service embeds inclusive practices that increases connections with community and benefits children from diverse cultural backgrounds. It may relate to your environment, having respectful representation of Aboriginal and/or Torres Strait Islander culture in your service, connecting with local community groups or services, and/or connecting with cultural groups in your local community.

groups in your local community.
How do you demonstrate awareness of inclusion in this area?
Describe how this supports children's inclusion?



## **Relationships and Interactions**

This area relates to how your service supports relationships and interactions with children and families. This may include how educators build connections, interact with children, include families within their service, and/or support peer interactions.

How do you demonstrate awareness of inclusion in this area?				
Describe how this supports children's inclusion?				

The Inclusion Support Programme is funded by the Australian Government Department of Education and Training



## **Environment and Educator Practices**

This area relates to how your service embeds inclusive practice within your environment and educator practices. It may relate to having a safe and inclusive environment for all children, how the program is adapted to meet all children's needs, how routines and transitions are implemented consistently and with flexibility, or how changes have been made to improve inclusive policies and practices.

How do you demonstrate awareness of inclusion in this area?				
Describe how this supports children's inclusion?				



## **Knowledge and Skills**

This area relates to how your service embeds inclusive practice within the knowledge and skills of your educators. It may relate to training you have undertaken to gain skills to support children within your service, professional development sessions, providing educators opportunities to reflect on your service's practices and how they can be improved, and/or how you support your educators to gain knowledge and skills in areas they have identified as needing growth.

How do you demonstrate awareness of inclusion in this area?				
Describe how this supports children's inclusion?				



## **Innovative Solutions**

This areas refers to an Innovative Solutions Project that has been completed from start to finish, including acquittal. This relates to the sustained outcomes from your project, increased educator capacity in the area of the project and how the project has supported children's inclusion.

capacity in the area of the project and how the project has supported children's inclusion.
How do your project outcomes support the inclusion of children at your service?
How did the project increase educator's capacity for inclusion of children?
Detail how your practices have changed as a result of the project.
Dravida avamples about how project outcomes are being sustained?
Provide examples about how project outcomes are being sustained?



### **Gowrie SA Media Release Form**

#### **INFORMATION**

By signing the below consent form you acknowledge and agree that this may result in public disclosure of you or your child's image and/or voice through photography, audio and/or video recording.

In providing your consent, your or your child's image and/or voice may be used on the Gowrie SA website and social media sites, in newsletters, in promotional and marketing materials, in internal and external publications, for reporting purposes, and recruitment activities. In providing your consent, your or your child's image and/or voice may also be used for Gowrie SA's administrative and teaching purposes.

You acknowledge and agree that no personal 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 you or your child's image and/or voice has been used it may only be possible to remove it from future materials rather than past materials. Please consider this carefully as part of your consent.

You have the right to place conditions on your consent and may limit your consent for particular periods or particular purposes (for example, you may consent to photography only or you may limit the use of images

	dings for internal use only and not for external us oon written notice to Gowrie SA.	e). Conditions on y	our consent may be made at any
	(Please detach and return cor	nsent form to Gowrie S	A)
CONSENT I (Name	of person giving consent and relationship to child, if applicable)	hereby consent	to Gowrie SA to use, reproduce
	municate (in hardcopy or electronic format) any p gs taken of myself or my child		photography, audio and/or video taken during the calendar year (e.g. 2020)
and to be	e for ongoing use for the following purposes:		
	Gowrie SA publications and promotional activi- and social media sites, newsletters, publication reporting and recruitment activities);		
•	Gowrie SA's administrative and teaching activity	ties.	
	are that once my or my child's image and/or voice st materials, only from future publications/mater		nay not be possible to remove it
CONDITI	IONS/LIMITATIONS		
	ave any conditions on the use of your/your child's cural considerations, usage restrictions, expiry of		r recordings, please list them here
Signature	e:(Signature of person giving consent)	Date:(Date of	Signature)







