

Inclusion Support Program (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:

Long Day Care

Family Day Care

Occasional Care

Mobile Services

Before School Care

After School Care

Vacation Care

Please indicate below your service needs for inclusion support:

Disability

Disruptive behaviour

High medical needs

Assistance with inclusive programmings

Aboriginal and Torres Strait Islander child

Access to specialised equipment*

Culturally and Linguistically Diverse child

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

Language and speech delays

Refugee/humanitarian status

Advice and support*

Strategic Inclusion Plan (SIP)

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

Quality Area 1

Quality Area 3

Quality Area 5

Quality Area 6

Name of Director/Co-ordinator: _____

Signature of Service Representative: _____ Position: _____

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

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

Inclusion Support Program (ISP)

Further Details & Parent Guardian Information

PLEASE COMPLETE ALL DETAILS: To be completed by families

Child's Details:

Surname: _____ Given Name/s: _____

Date of Birth: _____ Nationality/s: _____

Language/s spoken: _____

Description of child's additional needs/ Diagnosis (If applicable):

Days of Attendance:

Monday

Tuesday

Wednesday

Thursday

Friday

Parent/Guardian(s) Details:

Full Name: _____ Full Name: _____

Phone: _____ Phone: _____

Relationship to child: Parent Guardian Relationship to child: Parent Guardian

Other: _____ Other: _____

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: _____