



Brotherhood of St Laurence
Working for an Australia free of poverty



Early Childhood Early Intervention (ECEI) Information for Early Childhood Partners

Use this form to record information about a child aged 0 to 6 years with developmental delay or disability who is seeking support through the NDIS.

Part 1 – General Information about ECEI

What is ECEI?

Early Childhood Early Intervention (ECEI) is funded by the National Disability Insurance Scheme (NDIS) and can offer a range of supports for children aged 0 to 6 years with developmental delay or disability and their families.

What is the aim of ECEI?

The aim of ECEI is to provide parents and families with the knowledge, skills and support to optimise their child's development and ability to participate in family, early childhood education and care settings, and in broader community life.

Who can benefit from ECEI?

A child aged 0 to 6 years who has either:

- a developmental delay which is the result of an impairment and causes substantial functional limitations **and** who requires a coordinated, multidisciplinary service response; or
- a disability

And

- lives in one of the following areas including Local government areas (LGA's):
North East Melbourne: LGA's including Banyule, Darebin, Nillumbik, Yarra and Whittlesea
Bayside Peninsula: LGA's including: Bayside, Frankston, Glen Eira, Kingston, Mornington Peninsula, Port Phillip, and Stonnington
Hume Moreland: LGA's including Hume and Moreland
Brimbank Melton: LGA's including Brimbank and Melton
Western Melbourne: LGA's including Hobsons Bay, Maribynong, Melbourne, Moonee Valley, and Wyndham.

Further information regarding ECEI can be found at the following website: [NDIS Website ECEI Page](#)



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Brotherhood of St Laurence ECEI team:

Ph: 1300 BSL ECEI (1300 275 323)

Email: ecei.access@bsl.org.au

Postal address for all regions:
ECEI Intake
Brotherhood of St Laurence
PO Box 3042
Broadmeadows, 3047

To complete this form online please go to: <https://ndis.bsl.org.au>

The Early Childhood Partner will be the first contact point for families of children aged 0 to 6 years with developmental delay or disability seeking support through the NDIS. The Early Childhood Partner will discuss with families / carers / guardian the most appropriate supports that would benefit the child. This includes providing information and referral to other support services or organisations. Understanding that every child is different, the Early Childhood Partners will tailor the supports to the child and family's individual needs and circumstances.

There are 3 parts to this form:

- 1. General Information**
- 2. Information Form – including mandatory consent section**
- 3. Important Privacy Information**

The types of supports that can be provided by a partner are:

- Information;
- Referral to mainstream or community services;
- The determination of appropriate supports and services to achieve outcomes for your child;
- Short term ECEI supports;
- Where required, assistance to access the NDIS.

This information form may be completed by:

- a family or carer, or with the assistance of a professional

There are three steps to undertake in completing and lodging this form:

- 1. Complete the Early Childhood Partner information form (part 2 of this form) and record parent / carer / guardian consent**
- 2. If consent is provided by the parent / carer / guardian, attach copies of any relevant assessments, reports or letters from health professionals that describe the child's needs in support of this information form where appropriate**
- 3. Send the completed information form and any attachments to BSL ECEI Partner (see above for the contact details)**



Part 2 – ECEI Information Gathering

This information assists the Early Childhood Partner to learn more about the child. Please provide information where appropriate and as agreed to by the child’s family, carer or guardian.

Please read consent and privacy information on pages 11 through to 13 and seek signed consent where indicated.

Child Details

| | |
|--|---|
| Child's first name: | |
| Child's surname: | |
| Date of birth: | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Is the child of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please specify: | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander |
| Does the child live with parents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the child live with others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details: | |
| Country of birth (Please state): | |
| Is the child an Australian citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no do they hold: | <input type="checkbox"/> Special Category Visa <input type="checkbox"/> Other Visa If other please specify _____ |



Parent / Carer Details

| | |
|---|---|
| Adult number 1 name: | |
| Relationship to child: (e.g. mother, father, grandparent) | |
| Home address: | |
| Is Adult number 1 of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please specify: | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander |
| Contact number(s): | |
| Email: | |
| Country of birth: | |
| Preferred Language: | |
| Preferred contact: (e.g. phone, letter, email) | |



| | |
|---|---|
| Adult number 2 name: | |
| Relationship to child: (e.g. mother, father, grandparent) | |
| Home address: | |
| Is Adult number 2 of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please specify: | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander |
| Contact number(s): | |
| Email: | |
| Country of birth: | |
| Preferred Language: | |
| Preferred contact: (e.g. phone, letter, email) | |

Custody / Court Orders

The Early Childhood Partner needs to understand the environment that the child lives in and who best to contact about your child. This includes knowing about existing parenting, custody or guardianship arrangements.

| | |
|---|--|
| Are there any existing parenting, custody or guardianship arrangements for the child? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes please specify and provide copies with this application | |

Language / Interpreter

| | |
|--|--|
| Main language spoken at home: | |
| Is an interpreter required for a phone conversation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Child's Disability and / or Developmental Delay

| | | |
|--|------------------------------|-----------------------------|
| Does the child have a diagnosed disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please indicate the diagnosis: | | |
| Does the child have a developmental delay? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If No, is the child undergoing assessment for developmental delay of disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the child had a hearing assessment? If yes please provide the date of assessment and a summary of the results | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide details of the professional who made the diagnosis or is undertaking the child's assessment.

| | |
|--------------------------------|--|
| Name: | |
| Profession: | |
| Organisation name and address: | |
| Phone Number: | |
| Email: | |



Details of Professional helping complete this form

Details of the professional completing / assisting with this information form (if any).

The Early Childhood Partner may need to contact the professional listed below to better understand your child's circumstances and to ensure that your child is connected to the supports that best meet their needs.

| | |
|-------------------|--|
| Name: | |
| Position / Title: | |
| Service: | |
| Phone: | |
| Mobile: | |
| Email: | |
| Address: | |
| Signature: | |

Additional Professionals / Services

On the next page (page 8) please list the services and supports you are already using to help meet your child's needs (e.g. GP, paediatrician, maternal & child health nurse, medical specialist, therapist etc.) and the services your child currently attends (e.g. childcare, kindergarten, occasional care etc.)

The Early Childhood Partner may need to contact the people that you list on page 8 to better understand your child's circumstances and to ensure that your child is connected to the supports that best meet their needs.



| | |
|---------------|--|
| Service name: | |
| Professional: | |
| Address: | |

Do we have your permission to contact this Professional / Service and share your child's information to better understand their circumstances? Yes No

| | |
|---------------|--|
| Service name: | |
| Professional: | |
| Address: | |

Do we have your permission to contact this Professional / Service and share your child's information to better understand their circumstances? Yes No

| | |
|---------------|--|
| Service name: | |
| Professional: | |
| Address: | |

Do we have your permission to contact this Professional / Service and share your child's information to better understand their circumstances? Yes No

Please ensure consent from family / carer / guardian prior to completing this section

Details of Developmental Delay



| <p>Development Area</p> | <p>Concerns Describe the concerns regarding the child's development</p> | <p>Impact Describe how this substantially impacts on the child's daily living activities and participation in family and community life</p> |
|---|--|--|
| <p>Self-Care (e.g. feeding / dressing / toileting etc. appropriate for age)</p> | | |
| <p>Physical (e.g. gross and fine motor skills such as moving around / crawling / walking / sitting, rolling, using mobility aids etc.)</p> | | |
| <p>Communication (Language and Speech) (e.g. understanding, talking and communicating needs with others appropriate for age, etc.)</p> | | |
| <p>Relationships and Behaviour (e.g. social, skills, relating to others within the home or community environments etc.)</p> | | |
| <p>Cognitive (Learning and Play) (e.g. learning, remembering and practicing new skills such as playing games, pretend play, etc.)</p> | | |



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Previous Assessments / Additional Information

Please provide the detail of any assessments that the child has received (e.g. Hearing, Vision), or any additional information that may be relevant (attach extra pages if more room is required).

Please discuss with the family / carer / guardian the opportunity to attach copies of documents that describe the child's needs that may support this information form. This is an option they may choose. The relevant documents may include medical assessment and reports, letters, screening assessments from health and/or educational professionals, court orders or other relevant parent/guardian/carers documents.



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Part 3 – Important Privacy Information

Please read this section carefully. If you have any questions, contact ECEI on ecei.access@bsl.org.au or 1300 275 323

Brotherhood of St Laurence Privacy Policy

Protecting your privacy

Brotherhood of St Laurence (BSL) is the ECEI partner with the NDIS in North East Melbourne, Bayside Peninsula, Hume Moreland, Brimbank Melton and Western Melbourne Areas. BSL values the privacy of every individual and is committed to protecting all personal and health information, including information collected through this ECEI information form.

BSL ECEI collects personal information and health information through this form that is necessary to access ECEI supports. ECEI may also contact you (as parent/guardian/carer) and other services and supports listed on this form to collect further information about your child or to clarify information provided on this form.

Privacy and Consent to use you information that is collected by ECEI with the NDIA

The information shared with the NDIA is not part of making a request to become a participant of the NDIS and will not guarantee that your child will become a participant in the NDIS. ECEI will use the personal and health information provided on this form to support your child's plan for ECEI and/or NDIS service delivery.

If ECEI refers your child to a provider or assists you to submit an Access Request Form with the NDIS, we will provide a copy of this form to the NDIS and any supporting documentation. This will enable the NDIS to accurately assess services that your child requires, including access to the NDIS. Information provided to the NDIA will help to best fund and continually improve ECEI supports – no identifying information will be used.

ECEI will only disclose the information –provided on this form and attached reports/notes/health information in the following ways:

- To the National Disability Insurance Agency, to facilitate entry into, or to access supports in accordance with, the NDIS
- For research and statistical purposes. In these circumstances, any identifying information is removed to ensure that their personal and health information is protected
- Local Area Coordinators (LAC) at BSL to assist in transfer of information from ECEI services

Use and disclosure of the personal information and health information provided on this form to any party listed above will otherwise only occur if permitted by law. In some instances BSL may be compelled by other laws to disclose information held about the child to other bodies such as regulatory authority, law enforcement, court or tribunal.

If you do not provide all or some of the information requested on this form, or consent to the sharing of this information with the NDIA processing of the application may be delayed and/or your child may be assessed as ineligible for ECEI including the NDIA being unable to provide the kinds of supports you/your child need to reach your/their goals or determine the most appropriate general supports for you and/or your child.

Accessing your personal and health information

The authorized representative of your child (e.g. parent, guardian or carer) can seek to access the personal and health information about the child that is held by BSL.



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You can contact the ECEI Senior Manager on 1300 275 323 or ecei.access@bsl.org.au. They, and the BSL Privacy Officer, can help answer questions you may have and will assess your application by using the criteria in BSL's ***Client Confidentiality and Privacy Policy***. They will consult with you to clarify your request and decide whether documents can be released in full or are exempt or partially exempt.

Storage of personal and health information

Information collected about your child will be stored securely on databases administered by BSL/NDIS. Only authorized personnel will have access to the information stored on the database.

More information about the NDIA's collection, use, disclosure and storage of your/your child's personal information can be accessed at the NDIA's website which includes the NDIA's Privacy Policy at www.ndis.gov.au/privacy.



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Parent / Carer Consent

- I have read and understood the General Information (Part 1) and the Important Privacy Information (Part 3) provided with this information form.
- I understand how my child's personal information will be collected, used and disclosed for the purposes of the NDIS, which is set out in Part 3 of this information form.
- I have carefully read all of the information provided in the information form and confirm that it is accurate, complete and up to date.
- I consent to Brotherhood of St Laurence collecting, using and disclosing personal and sensitive information about my child in accordance with the General Information and Important Privacy Information sections in this document.
- I understand that I may withdraw consent to receive support from an ECEI service provider at any time.
- I give permission to contact the professional completing / assisting with this information form (if any).

Signed

Parent / Carer / Guardian (state which one)

Date:

Verbal Consent Received: (state yes or no)

Date:

Print Name:

Contact Information

Thank you for completing this information form and signing the above consent section.
Please post or email the completed information form to:
Email: ecei.access@bsl.org.au
Post: PO Box 3042, Broadmeadows, 3047
ECEI team on: 1300 275 323