

## Referral to Early Childhood Partners

Please use this form to record information about a child aged under seven years with developmental delay or disability who is seeking support through the National Disability Insurance Scheme (NDIS).

### What is the early childhood approach?

The early childhood approach is funded by the NDIS. The early childhood approach can offer a range of supports for eligible children under seven years.

### What is the aim of the early childhood approach?

The aim of the early childhood approach 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 the early childhood approach?

A child aged under seven 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 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 Merri-bek
  - Brimbank Melton: LGA's including Brimbank and Melton
  - Western Melbourne: LGA's including Hobsons Bay, Maribyrnong, Melbourne, Moonee Valley, and Wyndham.

### The Early Childhood Partner's role

- The first contact point for families of children aged under seven years seeking support through the NDIS.
- To determine with families/carers the most appropriate supports that would benefit and achieve outcomes for your child, tailored to their individual needs and circumstances;

The types of supports provided by an Early Childhood Partner are:

- Information
- Referral to mainstream or community services;
- Short term early intervention supports; and

- Where required, assistance to access the NDIS.

## How to complete and submit this form

### This form may be completed by:

- a family or carer, with the assistance of a professional
- a professional working with the family/carers such as a GP, paediatrician

### There are three steps to complete and lodge this form:

1. Complete the referral to Early Childhood Partner form and record parent/ carer/ guardian/ child representative consent.
2. If consent is provided by the parent/ carer/ guardian/ child representative, please 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. Return the completed information form and any attachments to:
  - **Email:** [BSL.CUSTOMERSERVICE@ndis.gov.au](mailto:BSL.CUSTOMERSERVICE@ndis.gov.au)
  - **Mail:**

Early Childhood Intake  
Brotherhood of St Laurence  
PO Box 3042  
Broadmeadows, 3047

## Do you need more information?

- **Online:** Further information on the early childhood approach can be found at the NDIS website ([ndis.gov.au](http://ndis.gov.au)) and searching for 'early childhood approach'.
- **Phone:** 1300 275 634

## Referral to Early Childhood Partners

### Child's details

<b>Child's details required</b>	Please complete all sections below	
Child's full name:		
Date of Birth DD/MM/YYYY:		
Aboriginal or Torres Strait Islander?		
Country of birth:		
Is the child an Australian Citizen?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
If no, does the child hold a Permanent Residency Visa or a protected Special Category Visa?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Other Visa? Please specify:	
Who does the child live with?		

### Family details

<b>Family/Carer 1 details</b>	Please complete all sections below	
Family/Carer 1 full name:		
Relationship to child?	Parent	<input type="checkbox"/>
	Carer	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
	Child representative	<input type="checkbox"/>
Home address:		

<b>Family/Carer 1 details</b>	Please complete all sections below
Contact number:	
Email:	
Preferred contact method:	
Preferred language:	

### Family details

<b>Family/Carer 2 details</b>	Please complete all sections below	
Family/Carer 2 full name:		
Relationship to child?	Parent	<input type="checkbox"/>
	Carer	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
	Child representative	<input type="checkbox"/>
Home address:		
Contact number:		
Email:		
Preferred contact method:		
Preferred language:		

## Additional details

Documentation details	Please complete all sections below	
Custody/court orders Is there an existing parenting, custody or guardianship arrangement for the child? If 'yes' please attach them to this form when submitting it.		
Has your child had any assessments or diagnoses? If yes, please provide details and attach reports.		
Does your child have developmental delay?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Is your child undergoing assessment for developmental delay or disability?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Additional information (for example: recent hospitalisation, starting school soon etc.)		

## Other services in place or previously accessed

Service 1 details	Please complete all sections below
<b>Name:</b>	
<b>Profession:</b>	

<b>Service 1 details</b>	Please complete all sections below	
<b>Contact details</b> (including organisation name):		
<b>Consent:</b> Does the parent/ carer/ guardian/child representative give permission for us, the EC Partner, to contact the above listed professional or service provider and share the child's information to better understand their circumstances?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

<b>Service 2 details</b>	Please complete all sections below	
<b>Name:</b>		
<b>Profession:</b>		
<b>Contact details</b> (including organisation name):		
<b>Consent:</b> Does the parent/ carer/ guardian/ child representative give permission for us, the EC Partner, to contact the above listed professional or service provider and share the child's information to better understand their circumstances?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

## Current concerns in the following domains

Please ensure consent is received from the child's family/ carer/ guardian/ child representative prior to completing this section.

Domain	Please complete notes below
<p><b>Physical:</b> E.g. gross and fine motor skills such as moving around/ crawling/ walking/ sitting, rolling, using hands and fingers, using mobility aids etc.</p>	
<p><b>Cognitive:</b> E.g. learning, remembering and practicing new skills such as playing games, pretend play, etc.</p>	
<p><b>Communication:</b> E.g. understanding, talking and communicating needs with others appropriate for age, etc.</p>	
<p><b>Social/Emotional:</b> E.g. social, skills, relating to others within the home or community environments etc.</p>	



Domain	Please complete notes below
<b>Self-Care:</b> E.g. feeding, dressing, toileting etc. (appropriate for age)	

### Referrer details

**Note:** Please only fill out this section if the referrer is an organisation.

If you are a parent/ carer/ guardian or child representative of the child, please go to Parent/Carer consent on the next page.

Referrer details	Please complete all sections below
Date DD/MM/YYYY:	
Organisation making referral:	
Contact Person:	
Phone Number:	
Email Address:	
Office Address:	

**Note:** The EC Partner may need to contact the professional listed above to better understand the child's circumstances and to ensure that the child is connected to the supports that best meets their needs.

Consent to contact the professional referrer is provided	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

## Parent / Carer consent

By signing this form	
<ul style="list-style-type: none"> <li>I have read and understood the General Information and the Important Privacy Information provided with this information form.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I understand how my child's personal information will be collected, used and disclosed for the purposes of the NDIS, which is set out below in Privacy Policy.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I have carefully read all of the information provided in the referral form and confirm that it is accurate, complete and up to date.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I consent to the 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.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I understand that I may withdraw consent to receive support from an Early Childhood Partner at any time.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>I give permission to contact the professional completing / assisting with this information form (if any).</li> </ul>	<input type="checkbox"/>

**Please complete your details on the next page.**

Parent / Carer's details		
Signature:		
Name:		
Please tick your relationship to the child:	Parent	<input type="checkbox"/>
	Carer	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
	Child representative	<input type="checkbox"/>
	Professional referring child. If so, please confirm that you have received verbal consent from the child's parent / carer / guardian / child representative to make this referral	<input type="checkbox"/> Consent: <input type="checkbox"/>
Date: DD/MM/YYYY		

## Privacy Policy

### Brotherhood of St. Laurence Privacy Policy

#### Protecting your privacy

The Brotherhood of St. Laurence (BSL) is the Early Childhood Partner with the NDIS in North East Melbourne, Bayside Peninsula, Hume Merri-bek, 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 information form.

BSL Early Childhood collects personal information and health information through this form that is necessary to access early childhood supports. BSL Early Childhood 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 BSL Early Childhood 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. BSL Early

Childhood will use the personal and health information provided on this form to support your child's plan for the early childhood approach and/or NDIS service delivery.

If BSL Early Childhood 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 early childhood supports – no identifying information will be used.

BSL Early Childhood 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 early childhood 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 the early childhood approach 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 authorised 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.

You can contact the Early Childhood Senior Manager on 1300 275 634 or [BSL.CUSTOMERSERVICE@ndis.gov.au](mailto:BSL.CUSTOMERSERVICE@ndis.gov.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 authorised 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](http://www.ndis.gov.au/privacy).

