



Early Childhood Early Intervention

Referral Form

Child Details

Child's First Name _____ Child's Surname: _____

Date of Birth: _____ Gender: Male Female Unspecified

Home Address: _____

Is the child of:

Aboriginal origin

Torres Strait Islander origin

Both Aboriginal & Torres Strait Islander origin

Neither

Is the child an Australian citizen? Yes No

Does the parent or carer qualify for, and receive a health care card? Yes No

Parent/ Carer Details

Adult 1: Name _____

Relationship to child (e.g. mother, father, grandparent) _____

Home address _____

Contact Phone Number _____ Email _____

Preferred language _____ Preferred contact Phone Letter Email

Adult 2: Name _____

Relationship to child (e.g. mother, father, grandparent) _____

Home address _____

Contact Phone Number _____ Email _____

Preferred language _____ Preferred contact Phone Letter Email

Professionals/ Services currently involved

Please list the services and supports you are already using to help you 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.)



Child's Disability and/ or Developmental Delay

Does the child have a diagnosed disability?

Yes No

If yes, please indicate the diagnosis? _____

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

Name _____ Profession _____

Organization name and address _____

Phone number _____ Email _____

Has the child had a recent developmental screen with the Maternal & Health Service? Yes No

If yes, was referral to ECEI recommended? Yes No

Please attach copies of documents that describe the child's needs that may support this application. The relevant documents may include medical assessment and reports, letters, screening assessments from health and/or educational professionals, or other relevant parent/carer documents.

Developmental Area	Please summarize your concerns related to the child's development	Impact on daily living tasks and participation in the community and family
Self-care (e.g. feeding / dressing / toileting etc. appropriate for age)		
Physical (e.g. gross and fine motor skills such as moving around / crawling / walking / sitting, rolling, using mobility aids etc.)		
Communication (e.g. understanding, talking and communicating needs with others appropriate for age, etc.)		
Relationships and behaviour (e.g. relating to others within the home or community environments etc.)		
Learning and play (e.g. learning, remembering and practicing new skills such as playing games, pretend play, etc.)		



Additional Information

Please provide other information that may be relevant to this Referral (e.g. family situation, risks to the child, significant safety issues, plans for school, etc.)

Details of professional completing / assisting with this referral (if any)

Name _____ Position / title _____

Service / Agency _____ Phone _____

Mobile _____ Email _____

Address _____

Date _____

Parent/ Carer consent

I have read and understood the General Information and the Important Privacy Information provided with this form. I understand how my child's personal information and health information will be collected, used and disclosed. I have carefully read all of the information provided in the referral form and confirm that it is accurate, complete and up to date.

I consent to ECEI Central Highlands collecting, using and disclosing personal and health 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 consent to ECEI Central Highlands contacting and collecting further information about my child from the services and supports identified in the referral form.

Signed (Parent / Carer) _____ Date _____

Print name _____

Thank you for completing this Referral Form and signing the above consent section.

Please send or email to ECEI Central Highlands:-

Early Childhood Early Intervention Service NDIS Central Highlands

PO Box 1277, Bakery Hill VIC 3354

Central.Highlands.ECEI@ndis.gov.au

Important Privacy Information

Please read this section carefully. If you have any questions, contact ECEI Central Highlands.

Protecting your privacy

Our policy is to respect and protect the privacy of our users. This privacy policy tells you the kinds of personal information we collect and hold, how and why we collect and hold that information and how we use it. It also tells you how you can access and amend your personal information and how you may make a complaint if you think that we have breached our privacy obligations.

Your personal information is information about you which can identify you and includes your name, address, date of birth, and can include information about your illnesses, symptoms, disabilities and any information collected about you to provide a health service.

In dealing with personal information, the National Disability Insurance Agency abides by the obligations imposed on it under the *Privacy Act 1988* (Cth) (Privacy Act) and any applicable State or Territory privacy laws.

The Privacy Act authorises the collection of personal information in order to facilitate your access to the National Disability Insurance Scheme and perform the National Disability Insurance Agency's other functions. The National Disability Insurance Agency is also bound by strict confidentiality and secrecy provisions in the *National Disability Insurance Scheme Act 2013* (Cth) (NDIS Act). These provisions limit how the National Disability Insurance Agency collects and uses your information and when and to whom it can be released.

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

- to ECEI providers to confirm the availability of services and/or to confirm your child's application status
- to the National Disability Insurance Agency, to facilitate entry into, or to access supports in accordance with, the National Disability Insurance Scheme
- for research and statistical purposes. In these circumstances, any identifying information is removed to ensure that their personal and health information is protected.

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 ECEI Central Highlands. Applications must be made to the FIO Team via email on <mailto:FOI@ndis.gov.au>.

Storage of personal and health information

Information collected about the child will be stored securely on databases administered by NDIS. Only authorised personnel will have access to the information stored on this database. For more information please see the NDIA Privacy policy: <https://www.ndis.gov.au/privacy>