

UnitingCare Early Childhood Early Intervention Referral Form



UnitingCare is the Early Childhood Partner for the National Disability Insurance Scheme (NDIS) in the Robina service area, which includes the Gold Coast and Hinterland. Early Childhood Early Intervention (ECEI) can offer a range of supports for families with a child aged 0-6 years who has either a disability or a developmental delay. The types of supports offered will be different for every child and their family according to their individual needs.

The types of support that UnitingCare ECEI can provide are:

- Information regarding early childhood development and available services
- Referral to mainstream and community services
- The determination of appropriate supports and services to achieve outcomes for your child
- Short term ECEI supports
- When required, assistance to access the NDIS

This form may be completed by a family, carer or health professional and has three parts:

1. General Information about ECEI
2. Application Form – including mandatory consent section
3. Important Privacy information

Please read each part of this form carefully. If you do not understand any part of this form, please contact the UnitingCare ECEI Team to obtain further information on (07) 4688 3949

Part1 - General Information about ECEI

What is ECEI?

ECEI is funded by the 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 the Robina service area

Further information regarding ECEI can be found at the following website: NDIS Website ECEI Page at www.ndis.gov.au. You can also email eceiadminrobina@uccommunity.org.au or phone 0427 084 280.

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

1. **Complete the application form (Part 2 of this form) and sign 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 UnitingCare ECEI.**

Post/email the completed form to UnitingCare ECEI:

eceiadminrobina@uccommunity.org.au

If you need assistance to complete this form please contact UnitingCare ECEI on 0427 084 280.



UnitingCare

Delivering the NDIS in your community

Part 2 - ECEI Application Form

This information assists UnitingCare ECEI to learn more about each 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 7-8 and seek signed consent where indicated.

Child Details

Child's first name:		
Child's surname:		
Date of birth:		
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:		

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:		
Preferred Language:		
Preferred contact: (e.g. phone, letter, email)		

Parent / Carer Details

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:	
Preferred Language:	
Preferred contact: (e.g. phone, letter, email)	

Custody / Court Orders

UnitingCare ECEI needs to understand the environment that the child lives in and who best to contact about the 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
---	--

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 Yes, please provide details:	

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).

UnitingCare ECEI may need to contact the professional listed below to better understand the child's circumstances and to ensure that the 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 5) please list the services and supports that are already being utilised to help meet the child's needs (e.g. GP, paediatrician, maternal & child health nurse, medical specialist, therapist etc.) and the services the child currently attends (e.g. childcare, kindergarten, occasional care etc.)

UnitingCare ECEI may need to contact the professional listed below to better understand the child's circumstances and to ensure that the 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

Service name:
Professional:
Address:

Details of Developmental Delay

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

Development Area	Concerns	Impact
	Describe the concerns regarding the child's development	Describe how this substantially impacts on the child's daily living activities and participation in family and community life
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 hands and fingers, using mobility aids etc.)		

Development Area	Concerns	Impact
	Describe the concerns regarding the child's development	Describe how this substantially impacts on the child's daily living activities and participation in family and community life
Communication (Language and Speech) (e.g. understanding, talking and communicating needs with others appropriate for age, etc.)		
Relationships and Behaviour (e.g. social, skills, relating to others within the home or community environments etc.)		
Cognitive (Learning and Play) (e.g. learning, remembering and practicing new skills such as playing games, pretend play, etc.)		

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.

Part 3 – Important Privacy Information

Please read this section carefully. If you have any questions, contact ECEI on eceiadminrobina@uccommunity.org.au

UnitingCare Privacy Policy

Personal information collected by UnitingCare is protected by the Privacy Act 1988 (Cth) (the 'Privacy Act') and the information Privacy Act 2009 (Qld) (the IP Act). Personal information is any information that can be used to identify you and includes sensitive and health information.

The Commonwealth legislation and APPs apply to UnitingCare as an organisation and to services provided under contract with the Commonwealth Government. The Queensland legislation and privacy principles apply to services provided under contract with the Queensland Government.

UnitingCare follows the Australian Privacy Principles contained in the Privacy Act and the Information or National Privacy Principles in the IP Act when handling personal information about clients, beneficiaries, business partners, donors, members of the public and UnitingCare people (including volunteers, delegates, candidates for volunteer work and prospective employees).

The primary purpose for collecting personal information is to provide services, including for delivering, planning, funding, monitoring and evaluating our services. The kind of personal information we collect depends on a person's relationship with UnitingCare and the purpose of their engagement with us. (e.g.

as a client, donor, business partner, employee, volunteer or online user of the UnitingCare website).

UnitingCare usually collects personal information directly from the person concerned. However, sometimes personal information is collected from a third party such as parents, relatives, carers, trustee, other service providers, authorized representatives or from a publicly available source, but only if:

- You have consented to such collection or would reasonably expect us to collect your personal information in this way,
- or it is necessary for a specific purpose.

UnitingCare collects personal information only for purposes that are reasonably necessary for one or more of our functions or activities.

Your personal information may be used to:

- provide you with a service
- provide you with goods
- provide you with information such as on disability care and awareness or access to education and employment opportunities or access to services
- report to government or other funding bodies on how funding is used
- process your donation or purchase and provide a receipt
- communicate with you about how your donation is used or about UnitingCare services, causes, events and products, which we believe may be of interest to you
- respond to your feedback or complaints, and
- answer your enquiries.

It may also be used for:

- any other purpose for which it was requested and which was advised to you or
- directly related purposes, such as activities directly related to the core functions of UnitingCare. For example, personal information collected during any counselling session could be used to support the same client in another UnitingCare core function, such as out-of-home care or crisis support.

Whenever it is possible UnitingCare uses information in a de-identified form. Personal information will not be disclosed to third parties without your consent, except where permitted or required under the Privacy Act or the IP Act.

UnitingCare takes steps to protect al personal, sensitive, health and government-related personal information held by UnitingCare, against acts of misuse. Interference, loss, unauthorised access, modification and disclosure.

You can access the personal information that we hold about you. At your request it may be corrected if, having regard to the purpose for which it is held, it is inaccurate, out of date, incomplete, irrelevant or misleading. For more information, see out Privacy Policy.

If you are listed on one or more of our marketing email lists you can opt out at any time. You can unsubscribe by using the unsubscribe option, or by emailing the privacy officer.

Parent / Carer Consent

- I have read and understood the General Information (Part 1) and the Important Privacy Information (Part 3) provided with this referral 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 referral form.
- 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 UnitingCare ECEI 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 UnitingCare ECEI 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 UnitingCare ECEI:

Email: eceiadminrobina@uccommunity.org.au

If you need assistance to complete this information form please contact the UnitingCare ECEI team on: 0427 084 280