Please scan and email completed IA Referral Forms to
inclusion@gowrie-tas.com.au or fax to 62 306855

LADY GOWRIE INCLUSION AGENCY

REFERRAL 2018

EARLY CHILDHOOD AND CHILD CARE SERVICE:

ADDRESS:

PHONE No: Email:

ROOM/AGE GROUP:

EDUCATOR CONTACT:

Service/ educator identified need/s or request:

CHILD'S NAME:

D.O.B:

DAYS CHILD IS IN CARE

	Mon	Tues	Wed	Thurs	Fri
AM					
PM					

DATE OF REFERRAL: REFERRED BY: DATE ACTIONED:

Parent permission form see reverse

The Inclusion Support Programme is funded by the
Australian Government Department of Education and Training.

Lady Gowrie Tasmania Inclusion Agency
Parent/Legal Guardian Permission Form

a. Parent/Legal Guardian Permission (if information related to the needs of a specific child is required)

I give permission for _____(service name) to share information regarding my child with **Lady Gowrie Tasmania Inclusion Agency** personnel to assist with his/her inclusion within all aspects of the daily program.

Name of Child: _____ Date of Birth: _____

Name of Parent/Legal Guardian: _____

Signature: _____

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b. If your child is currently receiving support from Specialist Children's Services, Early Intervention Services etc please complete the following information.

I give permission for _____ (Early Childhood and Child Care service name) and Lady Gowrie Inclusion Agency personnel to exchange relevant information (verbal and written) about my child with any of the services/agencies already supporting the care and education of my child which I have listed below:

Service Provider: _____
Key Contact Person: _____
Phone: _____

Service Provider: _____
Key Contact Person: _____
Phone: _____

Service Provider: _____
Key Contact Person: _____
Phone:_____

Parent/Legal Guardian Name _____
Parent/Legal Guardian Signature _____
Date _____

THIS PERMISSION FORM IS TO BE SIGHTED BY AN IA REPRESENTATIVE AND RETAINED BY THE EARLY CHILDHOOD AND CHILD CARE SERVICE

Inclusion Professional (IP) has sighted the original and lodged a copy of the consent form on ECCC service file

Inclusion Professional Signature: _____**Date:**_____