

Request for Inclusion Support

Please return this form to inclusion@gowrie-tas.com.au

Part A - To be completed by the service.

Date of request: _____ Educator contact: _____

Name of education and care service: _____

Address: _____

Phone Number: _____ Room/Age group: _____

Please indicate your service needs for inclusion support: (Tick relevant)

Advice and support for service
(Routines/transitions, care environments, policies and procedures).

Support for individual
*Please complete part B

Please specify the specific support needed (e.g. communication, behaviour, access to specialised equipment, assistance with inclusive programming).

Privacy Act 1998 (Cth)

This notice is provided for your information and is not intended to limit or exclude your rights under the Privacy Act 1998 (Cth). The Lady Gowrie Inclusion Support Agency (a Commonwealth Government funded program managed by Lady Gowrie Tasmania) is committed to treating the personal information we collect in accordance with The Australian Privacy Principles in the *Privacy Act 1998* (cth).

Part B - Child details.

Surname: _____ First Name: _____

Date of birth: _____ Nationality: _____

Description of child's needs or diagnosis (if applicable):

Monday	Tuesday	Wednesday	Thursday	Friday
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Please provide details of any agencies or services your child is current receiving support from (therapists, Early Childhood Intervention Service (ECIS), allied health professionals or community support services).

Service provider: _____

Contact person: _____

Phone number: _____

Service provider: _____

Contact person: _____

Phone number: _____

Service provider: _____

Contact person: _____

Phone number: _____

I give permission for:

- The Lady Gowrie Tasmanian Inclusion Agency to observe my child in care and share information and strategies with their early childhood and child care (ECCC) service.
- The Lady Gowrie Tasmanian Inclusion Agency to liaise with other services/agencies as outlined above regarding my child to support individual needs within daily programs.

Parent/Legal guardian name: _____

Parent/Legal guardian signature: _____

Date: _____

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