

<p>North Region 1 5-7 Rasheed Avenue NEWTON SA 5074 Ph: 08 8165 2900 Fax: 08 8165 2911</p>	<p>South Region 2 1/18-20 Scholefield Rd SEACLIFF SA 5049 Ph: 08 8358 2299 Fax: 08 8358 2199</p>	<p>Riverland Region 3 5 Kealley Street PO Box 2022 Berri 5343 Ph: 08 8582 3266 Fax: 08 8582 4038</p>	<p>South East Region 4 Lot 71 Suttontown Road PO Box 3144 MT GAMBIER SA 5290 Ph: 08 8725 0211 Fax: 08 8725 0216</p>
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REQUEST FOR SERVICE FORM

Date of request

Name of Child Care Service, FDC Care or In Home Care Provider

Address

Phone Number Fax

Email

Contact Person Position

Field Worker..... FDC Scheme.....

The primary role of the Inclusion Support Agency (ISA) is:

- To strengthen the capacity of care and education staff to provide inclusive programs which support the participation of all children and their families.
- To provide expertise, information, professional support, training, advocacy and resources to support inclusive practice in areas of need including disability and cultural and linguistic diversity.

Please indicate whether inclusion support is required in relation to children with/who are:

- Additional Needs/Disabilities
- Cultural and Linguistic Diversity
- Refugee
- Aboriginal, Torres Straight Islander or South Sea Islander.

Please indicate below your initial service needs for inclusion support:

- Advice and Support
- Access to Professional Development
- Assisted Inclusion Readiness Plan (AIRP)
- Access to Bi Cultural Support
- Assistance to liaise with other agencies programming
- Assistance with inclusive
- Access to Specialised Equipment
- Other

Urgency of request: low medium high

Office Use Only:
 Date Received:

CHILD/FAMILY DETAILS

Please complete this section if request for service is specific to an individual child.

Name of child:

..... DOB Gender: M / F
 (first name) (last name)

Siblings for <u>cultural and linguistic support only</u>:			
.....	DOB	Gender: M / F
(first name)	(last name)		
.....	DOB	Gender: M / F
(first name)	(last name)		

Child's address:
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Parent(s)/Guardian(s) details

Name Name
 Phone (h) Phone (h)
 (w) Mobile (w) Mobile
 Email: Email:

Best contact times:

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

Child's Nationality: Language/s spoken:

Child's attendance: Long Day Care Family Day Care In Home Care
 OSHC Vacation Care

Start	MON	TUES	WED	THURS	FRI	SAT	SUN
Time							
Finish	MON	TUES	WED	THURS	FRI	SAT	SUN
Time							

Start date:

Services from other agencies:

Therapist/s (e.g. Speech Pathologist, Occupational Therapist)	Agency name	Contact Name	Phone

Parent/Guardian Consent

If there is an issue with language or literacy the parent/guardian consent may be signed after initial support has commenced so that the parent/guardian may receive interpreting services or other explanation of this form.

I consent to Inclusive Directions obtaining relevant personal information about my child. I understand that this information is required for use in providing services for my child.

I understand Inclusive Directions may use the information for purposes related to their services and may disclose information to other persons such as specialists, medical practitioners or organisations which require the information to provide services directly related to the service my child is receiving. I have no objection to this and understand that Inclusive Directions staff will discuss this with me first.

However, I do not authorise the release of my information about me or my child to:

.....
.....
.....

I consent to information about me or my child being used confidentially for any secondary purpose such as service analysis and improvement and reporting to the funding body.

I have signed this consent after:

- a) A staff member of the child care service has fully explained to me the need for information about me and my child to be collected, the nature of that information, the purposes for which it will be used and how it will be protected;
- b) The secondary purposes referred to above have been explained to me;
- c) I have been given the opportunity to read the Inclusive Directions Privacy Policy;
- d) I have had explained to me my rights to verify information held about me and my child and my rights to access that information;
- e) I believe that I fully understand my rights to privacy in respect of information collected, used and disclosed about me and my child and my rights of access to that information.

Any additional information/comments:

.....
.....
.....

Printed name
Parent/Guardian

Signature of
Parent/Guardian

Date:

I understand that only the parents or guardians whose signature(s) appear above will be provided with information from our files. All requests must be in writing.

Printed name
Service Director/Referring Person

Signature of
Service Director/Referring Person

Date:

PRIVACY POLICY

Inclusive Directions assists child care staff to include children with additional needs or those from diverse cultural and language backgrounds in child care programs. We provide professional support and help child care staff to link with other services that may support them in caring for your child.

What information does Inclusive Directions collect?

The child care director will ask for information that will help us provide the right advice for your child. This will include your child's name, date of birth, your contact details and other services your child uses.

You will be asked to sign a "Request for Service" form to give your permission for us to assist child care staff in planning and caring for your child. We will only record information that is necessary for us to provide a service.

What does Inclusive Directions do with this information? Who can see it?

Information about you and your child is kept in a secure file. From time to time we may be obliged to collect and disclose some information. For example, by law, if a reasonable suspicion of child abuse exists; to our funding agency or to assist us improve our services.

Your child's file will only be seen by Inclusive Directions staff. We will ask you for your permission if we need to discuss your child's needs with someone else, such as a teacher, doctor or speech pathologist.

How information about you and your child is protected

Personal information about you and your child is stored in locked filing cabinets, locked storage or on computer with password protection. Electronic information is removed from data bases before equipment leaves our control. Written information is destroyed by burning, pulping or shredding if it is no longer needed. Only approved staff will have access to your child's records while we hold the information.

You can access your and your child's records

You may at any time ask to access to see information we hold about you and your child. That is your right. Access to this information is free, but the cost of making copies may be charged if you wish to have copies of your or your child's records.

You have a right to correct information held by us about you or your child. If you find an error in our records, please advise us in writing and we will include your advice on our records. If records need to be disclosed to others, your correction will be forwarded with the original record.

If you have a complaint about the way that we deal with privacy issues, please contact the Manager at your nearest Inclusive Directions Office:

North Region 1	South Region 2	Riverland Region 3	South East Region 4
5-7 Rasheed Avenue, NEWTON SA 5074 Ph: 08 8165 2900	Unit 1 18-20 Scholefield Road SEACLIFF SA 5049 Ph: 088358 2299	PO Box 2022 5 Kealley Street BERRI SA 5343 Ph: 08 8582 3266	PO Box 3144 Lot 71 Suttontown Road MT GAMBIER SA 5290 Ph: 08 8725 0211

Within 5 working days of receiving your complaint, our staff will discuss it with you; what you would like to see happen and actions that can be taken. We will undertake the agreed solution and write to you about the outcome. If you are not satisfied with how your privacy has been handled, you can contact the staff of the Privacy Commission on 1300 363 992 to address the issue.