Early Childhood Early Intervention (ECEI) Referral to Early Childhood Partners

Please use this form to record information about a child aged under seven years with developmental delay or disability who is seeking support through the National Disability Insurance Scheme (NDIS).

# What is ECEI?

Early Childhood Early Intervention (ECEI) is funded by the NDIS. ECEI can offer a range of supports for eligible children under seven years.

# 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 under seven 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:

**Central Highlands:** Ararat, Ballarat, Golden Plains, Hepburn, Moorabool, Pyrenees; or

**Wimmera South West:** Corangamite, Glenelg, Hindmarsh, Horsham, Moyne, Northern Grampians, Southern Grampians, Warrnambool, West Wimmera, Yarriambiack

# The Early Childhood Partner’s role

* The first contact point for families of children aged under seven years seeking support through the NDIS.
* To determine with families/carers the most appropriate supports that would benefit and achieve outcomes for your child, tailored to their individual needs and circumstances;

The types of supports provided by an Early Childhood Partner are:

* Information
* Referral to mainstream or community services;
* Short term early intervention supports; and
* Where required, assistance to access the NDIS.

# How to complete and submit this form

**This form may be completed by:**

* a family or carer, with the assistance of a professional
* a professional working with the family/carer such as a GP, paediatrician

**There are three steps to complete and lodge this form:**

1. Complete the ECEI referral to Early Childhood Partner form and record parent/ carer/ guardian/ child representative consent.
2. If consent is provided by the parent/ carer/ guardian/ child representative, please 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. Return the completed information form and any attachments to:

**Central Highlands ECEI:**

* Email: CENTRAL.HIGHLANDSECEI@ndis.gov.au
* Mail: PO Box 279, Ballarat VIC 3353
* In person: Lvl 2, Central Square Shopping Centre,

18 Armstrong St South, Ballarat VIC 3350

**Wimmera South West ECEI:**

* Email: WIMMERA.SOUTH.WESTECEI@ndis.gov.au
* Mail: PO Box 1105***,*** Warrnambool VIC 3280
* In person: 48 Kepler St, Warrnambool VIC 3280

142 Firebrace St, Horsham VIC 3400

140 Manifold St, Camperdown VIC 3260

# Do you need more information?

* Online: Further ECEI information can be found at the NDIS website ([ndis.gov.au](http://www.ndis.gov.au)) and searching for ‘ECEI’.
* Phone: 1800 242 696, press 1

# ECEI Referral to Early Childhood Partners

## Child’s details

| **Child’s details required** | Please complete all sections below | |
| --- | --- | --- |
| Child’s full name: |  | |
| Date of Birth DD/MM/YYYY: |  | |
| Aboriginal or Torres Strait Islander? |  | |
| Country of birth: |  | |
| Is the child an Australian Citizen? | Yes |  |
| No |  |
| Who does the child live with? |  | |

## Family details

| **Family/Carer 1 details** | Please complete all sections below | |
| --- | --- | --- |
| Family/Carer 1 full name: |  | |
| Relationship to child? | Parent |  |
| Carer |  |
| Guardian |  |
| Child representative |  |
| Home address: |  | |
| Contact number: |  | |
| Email: |  | |
| Preferred contact method: |  | |
| Preferred language: |  | |

## Family details

|  |  |  |
| --- | --- | --- |
| **Family/Carer 2 details** | Please complete all sections below | |
| Family/Carer 2 full name: |  | |
| Relationship to child? | Parent |  |
| Carer |  |
| Guardian |  |
| Child representative |  |
| Home address: |  | |
| Contact number: |  | |
| Email: |  | |
| Preferred contact method: |  | |
| Preferred language: |  | |

## Additional details

| **Documentation details** | Please complete all sections below |
| --- | --- |
| Custody/court orders  Is there an existing parenting, custody or guardianship arrangement for the child?  If ‘yes’ please attach them to this form when submitting it. |  |
| Has your child had any assessments or diagnoses?  If yes, please provide details and attach reports. |  |
| Additional information (for example: recent hospitalisation, starting school soon etc.) |  |

## Other services in place or previously accessed

| **Service 1 details** | Please complete all sections below | |
| --- | --- | --- |
| **Name:** |  | |
| **Profession:** |  | |
| **Contact details** (including organisation name): |  | |
| **Consent:**  Does the parent/ carer/ guardian/child representative give permission for us, the EC Partner, to contact the above listed professional or service provider and share the child’s information to better understand their circumstances? | Yes |  |
| No |  |

| **Service 2 details** | Please complete all sections below | |
| --- | --- | --- |
| **Name:** |  | |
| **Profession:** |  | |
| **Contact details** (including organisation name): |  | |
| **Consent:**  Does the parent/ carer/ guardian/ child representative give permission for us, the EC Partner, to contact the above listed professional or service provider and share the child’s information to better understand their circumstances? | Yes |  |
| No |  |

## Current concerns in the following domains

Please ensure consent is received from the child’s family/ carer/ guardian/ child representative prior to completing this section.

| **Domain** | Please complete notes below |
| --- | --- |
| **Physical:**  E.g. gross and fine motor skills such as moving around/ crawling/ walking/ sitting, rolling, using hands and fingers, using mobility aids etc. |  |
| **Cognitive:**  E.g. learning, remembering and practicing new skills such as playing games, pretend play, etc. |  |
| **Communication:**  E.g. understanding, talking and communicating needs with others appropriate for age, etc. |  |
| **Social/Emotional:**  E.g. social, skills, relating to others within the home or community environments etc. |  |
| **Self-Care:**  E.g. feeding, dressing, toileting etc. (appropriate for age) |  |

# Referrer details

**Note:** Please only fill out this section if the referrer is an organisation.

If you are a **p**arent/ carer/ guardian or child representative of the child, please go to Parent/Carer consent on the next page.

| **Referrer details** | Please complete all sections below |
| --- | --- |
| Date DD/MM/YYYY: |  |
| Organisation making referral: |  |
| Contact Person: |  |
| Phone Number: |  |
| Email Address: |  |
| Office Address: |  |

**Note:** The EC Partner may need to contact the professional listed above to better understand the child’s circumstances and to ensure that the child is connected to the supports that best meets their needs.

|  |  |
| --- | --- |
| **Consent to c****ontact the professional referrer is provided** | |
| Yes |  |
| No |  |

# Parent / Carer consent

|  |  |
| --- | --- |
| **By signing this form** | |
| * I have read and understood the General Information and the Important Privacy Information provided with this information 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 above in Privacy Policy. |  |
| * 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 LCHS 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 an Early Childhood Partner at any time. |  |
| * I give permission to contact the professional completing / assisting with this information form (if any). |  |

**Please complete your details on the next page.**

|  |  |  |
| --- | --- | --- |
| **Parent / Carer’s details** | | |
| Signature: |  | |
| Name: |  | |
| Please tick your relationship to the child: | Parent |  |
| Carer |  |
| Guardian |  |
| Child representative |  |
| Professional referring child.  If so, please confirm that you have received verbal consent from the child’s parent / carer / guardian / child representative to make this referral | Consent: |
| Date: DD/MM/YYYY |  | |

# Privacy Policy

<https://www.lchs.com.au/privacy>