

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

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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 families and carers 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 who has either:

- under six with developmental delay, including developmental concerns or
- under seven with a disability; and
- lives in the Perth metropolitan area, Inner Wheatbelt, Peel, South West and Great Southern areas of Western Australia.

## The Early Childhood Partner's role

- The first contact point for families and carers of children aged under seven years seeking support through the NDIS.
- To determine with families or 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 may include:

- Information
- Support to connect to mainstream and community services;
- Short term early intervention; or
- Where required, assistance to request 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 or 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 or child representative consent.
2. If consent is provided by the parent, carer, guardian, 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:
  - **Email:** [NDIS@wanslea.org.au](mailto:NDIS@wanslea.org.au)
  - **Mail:**  
Wanslea NDIS ECEI  
Unit 10/40 Cedric Street  
Stirling, WA, 6021
  - **In person:** Please call 1300 969 645 to find your nearest office location

## Do you need more information?

- **Online:** Further ECEI information can be found at the NDIS website ([ndis.gov.au](http://ndis.gov.au))
- **Phone:** 1300 969 645
- **Email:** [NDIS@wanslea.org.au](mailto:NDIS@wanslea.org.au)

## ECEI Referral to Early Childhood Partners

### Child's details

<b>Child's details required</b>	Please complete all sections below		
Child's full name:			
Gender:	Female	Male	Prefer not to say
Date of Birth DD/MM/YYYY:			
Centrelink Number (CRN):			
Aboriginal or Torres Strait Islander?	Yes	No	Prefer not to say
If yes, please specify:	Aboriginal	Torres Strait Islander	Both
Country of birth:			
Is the child an Australian Citizen?	Yes	No	
Is the child a permanent resident of Australia?	Yes	No	
Who does the child live with?	Please list the names and relationship to the child below:		
Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	

## Family or Carer details

<b>Family or Carer 1 details</b>		Please complete all sections below			
Family or Carer 1 full name:					
Gender:		Female	Male	Prefer not to say	
Date of Birth DD/MM/YYYY:					
Centrelink Number (CRN):					
Relationship to child?		Parent			
		Carer			
		Guardian			
		Other: please specify:			
Home address:	Street:				
	Suburb:		Postcode:		
Postal Address:	Street:				
	Suburb:		Postcode:		
Contact number:	Mobile:		Home/Work:		
Email:					
Preferred contact method:		Phone	Email	Letter	
Preferred language:			Interpreter required:	Yes	No

## Family or Carer details

<b>Family or Carer 2 details</b>		Please complete all sections below			
Family or Carer 2 full name:					
Gender:		Female	Male	Prefer not to say	
Date of Birth DD/MM/YYYY:					
Centrelink Number (CRN):					
Relationship to child?		Parent			
		Carer			
		Guardian			
		Other: please specify:			
Home address:		Street:			
		Suburb:		Suburb:	
Postal Address:		Street:			
		Suburb:		Suburb:	
Contact number:		Mobile:		Mobile:	
Email:					
Preferred contact method:		Phone	Email	Letter	
Preferred language:		Preferred language:		Yes	No

## Additional details

Documentation details	Please complete all sections below	
<p><b>Custody or court orders</b></p> <p>Is there an existing parenting, custody or guardianship arrangement for the child?</p> <p><b>If 'yes' please attach them to this form when submitting it.</b></p>	Yes	No
<p>Does your child have a diagnosis?</p> <p><b>If yes, please provide details below or attach reports.</b></p>	Yes	No
<p>If yes, please specify:</p>		
<p>Has your child had any assessments or diagnoses?</p> <p><b>If yes, please provide details below or attach reports.</b></p>	Yes	No
<p>Is your child undergoing assessment for developmental delay or disability?</p>	Yes	No
<p>Additional information (for example: recent hospitalisation, starting school soon etc.)</p>		
<p></p>		

## Referrer details

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

If you are a parent, carer or guardian of the child, please go to [Parent or Carer](#) consent section on the next page.

<b>Referrer details</b>		Please complete all sections below	
Date DD/MM/YYYY:			
Organisation making referral:			
Contact Person:			
Phone Number:			
Email Address:			
Office Address:	Street:		
	Suburb:		Postcode: <input type="text"/>

**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.

<b>Consent to contact the professional referrer is provided</b>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

## Other services in place or previously accessed

Service 1 details	Please complete all sections below	
<b>Name:</b>		
<b>Profession:</b>		
<b>Contact details</b> (including organisation name):		
<b>Consent:</b> Does the parent, carer or guardian 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	
<b>Name:</b>		
<b>Profession:</b>		
<b>Contact details</b> (including organisation name):		
<b>Consent:</b> Does the parent or carer or guardian or 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	



<b>Service 3 details</b>	Please complete all sections below	
<b>Name:</b>		
<b>Profession:</b>		
<b>Contact details</b> (including organisation name):		
<b>Consent:</b> Does the parent or carer or guardian or 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	

<b>Service 4 details</b>	Please complete all sections below	
<b>Name:</b>		
<b>Profession:</b>		
<b>Contact details</b> (including organisation name):		
<b>Consent:</b> Does the parent or carer or guardian or 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 areas of major life activity

Areas of major life activity	Concerns	Impact
<p><b>Self-care:</b></p> <p>For example, how they bathe, dress themselves, eat, drink, use the toilet and sleep.</p>		
<p><b>Receptive and Expressive Language:</b></p> <p>For example, how they understand words, including through gestures and signs. It's also about how they communicate with you. This could be through facial expressions, gestures or verbal words.</p>		
<p><b>Cognitive Development:</b></p> <p>For example, how they understand and remember information, learn new things, practice and use new skills, play with others, develop social and safety skills and problem solve.</p>		
<p><b>Motor Development:</b></p> <p>For example, how they move around their home and community such as walking, running and crawling. It could also include information about how they pick up and use their hands to play with different objects.</p>		

## Parent or Carer consent

<b>By signing this form</b>	
<ul style="list-style-type: none"> <li>I have read and understood the General Information and the Important Privacy Information provided with this information form.</li> </ul>	
<ul style="list-style-type: none"> <li>I understand how my child's personal information will be collected, used and disclosed for the purposes of the NDIS, which is set out below in Privacy Policy.</li> </ul>	
<ul style="list-style-type: none"> <li>I have carefully read all of the information provided in the referral form and confirm that it is accurate, complete and up to date.</li> </ul>	
<ul style="list-style-type: none"> <li>I consent to Wanslea 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.</li> </ul>	
<ul style="list-style-type: none"> <li>I understand that I may withdraw consent to receive support from an Early Childhood Partner at any time.</li> </ul>	
<ul style="list-style-type: none"> <li>I give permission to contact the professional completing or assisting with this information form (if any).</li> </ul>	

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

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

## Privacy Policy

### Wanslea ECEI Privacy Policy Philosophy

Wanslea is the ECEI partner with the NDIS in Metropolitan Perth, South West, Great Southern and Inner Wheatbelt. Wanslea values the privacy of every individual and is committed to protecting all personal and health information, including information collected through the ECEI referral form.

**Purpose** To protect your privacy.

### Policy

Wanslea ECEI collects personal information and health information through the referral form that is necessary to access ECEI supports. ECEI may also contact you (as parent/guardian/carer) and other services and supports listed on this form to collect further information about your child or to clarify information provided on this form.

### Privacy and Consent to use your information that is collected by ECEI with the NDIA

The information shared with the NDIA is not part of making a request to become a participant of the NDIS and will not guarantee that your child will become a participant in the NDIS. ECEI will use the personal and health information provided on this form to support your child's plan for ECEI and/or NDIS service delivery.

If ECEI refers your child to a provider or assists you to submit an Access Request Form with the NDIS, we will provide a copy of this form to the NDIS and any supporting documentation. This will enable the NDIS to accurately assess services that your child requires, including access to the NDIS. Information provided to the NDIA will help to best fund and continually improve ECEI supports – no identifying information will be used.

ECEI will only disclose the information provided on this form and attached reports/notes/health information in the following ways:

- To the National Disability Insurance Agency, to facilitate entry into, or to access supports in accordance with, the NDIS
- For research and statistical purposes. In these circumstances, any identifying information is removed to ensure that their personal and health information is protected
- ECEI Practitioner to assist in transfer of information from ECEI services

Use and disclosure of the personal information and health information provided on this form to any party listed above will otherwise only occur if permitted by law. In some instances, Wanslea may be compelled by other laws to disclose information held about the child to other bodies such as regulatory authority, law enforcement, court or tribunal.

If you do not provide all or some of the information requested on this form, or consent to the sharing of this information with the NDIA processing of the application may be delayed and/or your child may be assessed as ineligible for ECEI including the NDIA being unable to provide the kinds of supports you/your child need to reach your/their goals or determine the most appropriate general supports for you and/or your child.

### **Accessing your personal and health information**

The authorised representative of your child (e.g. parent, guardian or carer) can seek to access the personal and health information about the child that is held by Wanslea.

You can contact the ECEI Manager on 1300 969 645 or [ndis@wanslea.org.au](mailto:ndis@wanslea.org.au), who will help answer questions you may have and will assess your application by using the criteria in Wanslea Client Confidentiality and Privacy Policy. They will consult with you to clarify your request and decide whether documents can be released in full or are exempt or partially exempt.

### **Storage of personal and health information**

Information collected about your child will be stored securely on databases administered by Wanslea/NDIS. Only authorised personnel will have access to the information stored on the database.

More information about the NDIA's collection, use, disclosure and storage of your/your child's personal information can be accessed at the NDIA's website which includes the NDIA's Privacy Policy at [www.ndis.gov.au/privacy](http://www.ndis.gov.au/privacy).