# Early Childhood Early Intervention (ECEI) Information for Early Childhood Partners

Use this form to record information about a child aged 0 to 6 years with developmental delay or disability who is seeking support through the NDIS.

## Part 1 – General Information about ECEI

### What is ECEI?

Early Childhood Early Intervention (ECEI) is funded by the National Disability Insurance Scheme (NDIS) and can offer a range of supports for children aged 0 to 6 years with developmental delay or disability and their families.

### 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 0 to 6 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 one of the following areas *(see next page)*:

|  |  |
| --- | --- |
| **WIMMERA SOUTH WEST** | **CENTRAL HIGHLANDS** |
| * [WIMMERA.SOUTH.WESTECEI@ndis.gov.au](mailto:WIMMERA.SOUTH.WESTECEI@ndis.gov.au) | * [CENTRAL.HIGHLANDSECEI@ndis.gov.au](mailto:CENTRAL.HIGHLANDSECEI@ndis.gov.au) |
| * The Wimmera South West Area covers the local government areas of: | * The Central Highlands Area covers the local government areas of: |
| * Corangamite | * Ararat |
| * Glenelg | * Ballarat |
| * Hindmarsh | * Golden Plains |
| * Horsham | * Hepburn |
| * Moyne | * Moorabool |
| * Northern Grampians | * Pyrenees |
| * Southern Grampians |  |
| * Warrnambool |  |
| * West Wimmera |  |
| * Yarriambiack |  |

Further information regarding ECEI can be found at the following website: [NDIS Website ECEI Page](https://ndis.gov.au/ecei) or phone 1800 242 696.

### Why complete this form?

The Early Childhood Partner will be the first contact point for families of children aged 0 to 6 years with developmental delay or disability seeking support through the NDIS. The Early Childhood Partner will discuss with families / carers / guardian the most appropriate supports that would benefit the child. This includes providing information and referral to other support services or organisations. Understanding that every child is different, the Early Childhood Partners will tailor the supports to the child and family’s individual needs and circumstances.

There are 3 parts to this form:

**1. General Information**

**2. Information Form – including mandatory consent section**

**3. Important Privacy Information**

The types of supports that can be provided by a partner are:

* Information;
* Referral to mainstream or community services;
* The determination of appropriate supports and services to achieve outcomes for your child;
* Short term ECEI supports;
* Where required, assistance to access the NDIS.

This information form may be completed by:

* a family or carer, with the assistance of a professional

There are three steps to undertake in completing and lodging this form:

1. **Complete the Early Childhood Partner information form (part 2 of this form) and record parent / carer / guardian consent**

**2. If consent is provided by the parent / carer / guardian, 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. Send the completed information form and any attachments to the ECEI Partner (see page 16 for the contact details of your ECEI Partner)**

If you need assistance to complete this information form please contact Latrobe Community Health Service on: 1800 242 696

## Part 2 – ECEI Information Gathering

This information assists the Early Childhood Partner to learn more about the child. Please provide information where appropriate and as agreed to by the child’s family, carer or guardian.

***Please read consent and privacy information on pages 12 through to 17 and seek signed consent where indicated.***

**Child Details**

|  |  |
| --- | --- |
| **Child’s first name:** |  |
| **Child’s surname:** |  |
| **Date of birth:** |  |
| **Is the child of Aboriginal or Torres Strait Islander origin?** | Yes  No |
| **If Yes, please specify:** | Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander |
| **Does the child live with parents?** | Yes  No |
| **Does the child live with others?** | Yes  No |
| **If Yes, please provide details:** |  |
| **Country of birth:** |  |

**Parent / Carer Details**

|  |  |
| --- | --- |
| **Adult number 1 name:** |  |
| **Relationship to child:** (e.g. mother, father, grandparent) |  |
| **Home address:** |  |
| **Is Adult number 1 of Aboriginal or Torres Strait Islander origin?** | Yes  No |
| **If Yes, please specify:** | Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander |
| **Contact number(s):** |  |
| **Email:** |  |
| **Preferred Language:** |  |
| **Preferred contact:** (e.g. phone, letter, email) |  |

|  |  |
| --- | --- |
| **Adult number 2 name:** |  |
| **Relationship to child:** (e.g. mother, father, grandparent) |  |
| **Home address:** |  |
| **Is Adult number 2 of Aboriginal or Torres Strait Islander origin?** | Yes  No |
| **If Yes, please specify:** | Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander |
| **Contact number(s):** |  |
| **Email:** |  |
| **Preferred Language:** |  |
| **Preferred contact:****(e.g. phone, letter, email)** |  |

Custody / Court Orders

**The Early Childhood Partner needs to understand the environment that the child lives in and who best to contact about your child. This includes knowing about existing parenting, custody or guardianship arrangements.**

| **Are there any existing parenting, custody or guardianship arrangements for the child?** | Yes  No |
| --- | --- |

## Language / Interpreter

| **Main language spoken at home:** |  |
| --- | --- |
| **Is an interpreter required for a phone conversation?** | Yes  No |

## Child’s Disability and / or Developmental Delay

| Does the child have a diagnosed disability? | Yes  No |
| --- | --- |
| If Yes, please indicate the diagnosis: |  |
| Does the child have a developmental delay? | Yes  No |
| If No, is the child undergoing assessment for developmental delay of disability? | Yes  No |

Please provide details of the professional who made the diagnosis or is undertaking the child’s assessment.

| Name: |  |
| --- | --- |
| Profession: |  |
| Organisation name and address: |  |
| Phone Number: |  |
| Email: |  |

## Details of Professional helping complete this form

### Details of the professional completing / assisting with this information form (if any).

*The Early Childhood Partner may need to contact the professional listed below to better understand your child’s circumstances and to ensure that your child is connected to the supports that best meet their needs.*

| Name: |  |
| --- | --- |
| Position / Title: |  |
| Service: |  |
| Phone: |  |
| Mobile: |  |
| Email: |  |
| Address: |  |
| Signature: |  |

## Additional Professionals / Services

On the next page please list the services and supports you are already using to help meet your child’s needs (e.g. GP, paediatrician, maternal & child health nurse, medical specialist, therapist etc.) and the services your child currently attends (e.g. childcare, kindergarten, occasional care etc.)

*The Early Childhood Partner may need to contact the people that you list to better understand your child’s circumstances and to ensure that your child is connected to the supports that best meet their needs.*

| Service name: |  |
| --- | --- |
| Professional: |  |
| Address: |  |

Do we have your permission to contact this Professional / Service and share your child’s information to better understand their circumstances?  Yes  No

| Service name: |  |
| --- | --- |
| Professional: |  |
| Address: |  |

Do we have your permission to contact this Professional / Service and share your child’s information to better understand their circumstances?  Yes  No

| Service name: |  |
| --- | --- |
| Professional: |  |
| Address: |  |

Do we have your permission to contact this Professional / Service and share your child’s information to better understand their circumstances?  Yes  No

**Please ensure consent from family / carer / guardian prior to completing this section** *Details of Developmental Delay*

| ***Development Area*** | ***Concerns***  Describe the concerns regarding the child’s development | ***Impact***  Describe how this substantially impacts on the child’s daily living activities and participation in family and community life |
| --- | --- | --- |
| ***Self-Care***  (e.g. feeding / dressing / toileting etc. appropriate for age) |  |  |
| ***Physical***  (e.g. gross and fine motor skills such as moving around / crawling / walking / sitting, rolling, using mobility aids etc.) |  |  |
| ***Communication***  ***(Language and Speech)***  (e.g. understanding, talking and communicating needs with others appropriate for age, etc.) |  |  |
| ***Relationships and Behaviour***  (e.g. social, skills, relating to others within the home or community environments etc.) |  |  |
| ***Cognitive (Learning and Play)***  (e.g. learning, remembering and practicing new skills such as playing games, pretend play, etc.) |  |  |

## Previous Assessments / Additional Information

Please provide the detail of any assessments that the child has received (e.g. Hearing, Vision), or any additional information that may be relevant (attach extra pages if more room is required).

|  |
| --- |
|  |

Please discuss with the family / carer / guardian the opportunity to attach copies of documents that describe the child’s needs that may support this information form. This is an option they may choose. The relevant documents may include medical assessment and reports, letters, screening assessments from health and/or educational professionals, court orders or other relevant parent/guardian/carer documents.

## Part 3 – Important Privacy Information

Please read this section carefully. If you have any questions, contact ECEI on [NDIS ECEI email address](mailto:ecei@ndis.gov.au).

### Latrobe Community Health Service Privacy Policy

|  |  |
| --- | --- |
|  | Latrobe Community Health Service (LCHS) respects the confidential nature of the relationships between clients, employees and others. This extends to recognising the right to information privacy and access to information.    The Commonwealth Privacy Act (1988), the Victorian Health Records (2001) and Victorian Privacy and Data Protection (2014) Acts shall guide the management of personal, sensitive and health information. LCHS shall comply with the Australian and Victorian Privacy Principles which support the legislation and provide guidance in the management of all personal and health information.    LCHS cannot use or disclose personal or health information without your consent, unless it is required, authorised or permitted under law.    Staff working within LCHS are also bound by a code of conduct which includes maintaining confidentiality in relation to personal information.    **What information does LCHS collect?**  The types of personal information we may collect include:   * Identifying information such as your name and date of birth * Contact information such as home address, home and mobile phone numbers and email address * Government issued identifiers including Medicare numbers * Health information including current and past medical history * For some services, other sensitive information relevant to the provision of our services, including racial/ethnic origins * Financial information, such as bank account and credit card details * Where possible you will be given the opportunity to engage with us using a pseudonym or anonymously   **How does LCHS collect and hold personal information?**  LCHS shall only collect information about you in a fair, lawful and non intrusive way with your consent.   * We may collect your personal information from you or a person authorised by or responsible for you, a relative or another health service provider or your doctor * Where we collect your personal information from a third party, we shall take reasonable steps to ensure that you are made aware of this, and in some cases we may require further consent to do so. * LCHS stores your information securely and have a range of security controls in place to ensure that your information is protected. All our staff are trained on privacy and access personal information is restricted to individuals properly authorised to do so. * We also take steps to make sure that the personal information we collect, use and disclose is accurate, complete, up to date and relevant. * We keep your personal information for as long as it is required in order to provide you with our services and to comply with legal obligations. When it is no longer needed for these purposes, we take reasonable steps to destroy or permanently de-identify this personal information. * LCHS stores your medical history, records or treatment and other information about your care in a secure electronic record or paper file.   **Why do we collect, use and disclose your personal information?**    **Collection**  We collect your personal information to enable us to provide you with a health care service.    Where you provide information to us as a service provider, contractor or prospective employee, we collect your personal information to enable us to fulfill the purpose and related purpose for which you provided the information.    **Use**  We may use your personal information for these purposes, including to:   * Provide you with a health related service including medical services, nursing and allied health services * Keep in contact with you and for any follow up purposes * Undertake research, reporting and/or evaluation of our services (using de-identified information where possible) * Manage and resolve any complaints or issues * Perform other functions and activities relating to our health service and * Comply with our legal obligations   **Disclosure**  In doing so, we may disclose your personal information to persons or organisations in Victoria, including:   * Health service providers * Our agents and service providers * Your employer or their authorised representatives * Persons authorised by or responsible for you * Payment systems operators and financial institutions * Any organisation or agency to whom you have consented or requested for your information to be disclosed * The organisation or agency on whose behalf we are providing you with our services and * Other parties to whom we are authorised or required by law to disclose information   **Do we disclose your personal information overseas?**  LCHS does not disclose your personal information to persons or organisations located outside of Australia and may only do so where you instruct us or expressly consent to us doing so.    **Do you have any access, corrections or privacy concerns?**  You or your authorised representative have the right to request access to the information we hold about you and to seek correction of this information if required. We encourage you to make this request in writing to the Records Management Officer, and LCHS will respond to your request within 45 days as detailed in the Health Records Act. You can contact the LCHS Records Management Officer on the details below and the further details about our process will be explained.  **LCHS Records Management Officer contact details:**  Records Management Officer  Latrobe Community Health Service  PO Box 960  MORWELL 3840  phone: 1800 242 696  email: [privacy@lchs.com.au](mailto:privacy@lchs.com.au)  **Do you have any concerns about the way we have collected, used or disclosed your personal information?**  If you have any concerns or queries about the way in which your personal information has been handled, we encourage you to initially contact the LCHS Records Management Officer, details as above.    If you wish to make a formal complaint you can do so in a number of ways:   * Direct Face-to-face or telephone * Written Letter, use the LCHS *'Community Feedback Form'*, email or fax.   Where you do make a complaint, LCHS will acknowledge receipt of your complaint and keep in touch with you to keep you informed of our progress.    Unresolved complaints relating to health records may be referred to the Health Services Commissioner on 1300 582 113.    Unresolved complaints relating to other records may be referred to the Office of the Australian Information Commissioner on 1300 363 992 |

|  |  |
| --- | --- |
| Privacy Policy Definitions: | |
|  | **May:** Indicates an option  **Shall:** Indicates a statement is mandatory  **Confidentiality:** The non-disclosure of personal and identifying information pertaining to a consumer, volunteer, staff and others which includes all records and related documents including reports, appointment books, diaries and conversations.  **Use:** Refers to handling of information within an organisation. The information remains within the control of the organisation.  **Disclosure:**Is the communication of information to another organisation or individual.  **Health information:** Information or an opinion, that is also personal information, about:   * The health or a disability (at any time) or an individual, or * An individual's expressed wishes about the future provision of health services to him or her, or * A health service provided, or to be provided to an individual or * Other personal information collected to provide, or in providing, a health service, or * Other personal information about an individual collected in connection with the donation, or intended donation, by the individual of their body parts, organise or body substances, or * Genetic information about an individual in a form that is, or could be, predictive of the health of the individual or genetic relative of the individual   **Personal information:** Information or an opinion about an identified individual, or an individual who is reasonably identifiable:   * Whether the information or opinion is true or not; and * Whether the information or opinion is recorded in a material form or not.   **Sensitive information:** Is a subset of personal information and is defined as information or an opinion ( that is also personal information) about an individual's:   * Racial or ethnic origin * Political opinions * Membership of a political association * Religious beliefs or affiliations * Philosophical beliefs * Membership of a professional or trade association * Membership of a trade union * Sexual preferences or practices, or * Criminal record * Health information about an individual * Genetic information (that is not otherwise health information) * Biometric information that is to be used for the purpose of automated biometric verification or biometric identification, or * Biometric templates |

## Parent / Carer Consent

* I have read and understood the General Information (Part 1) and the Important Privacy Information (Part 3) 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 in Part 3 of this information form.
* I have carefully read all of the information provided in the information form and confirm that it is accurate, complete and up to date.
* I consent to Latrobe Community Health Service 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 ECEI service provider at any time.
* I give permission to contact the professional completing / assisting with this information form (if any).

**Signed** -Parent / Carer / Guardian(circle which one)

……………………………………………………..  **Date:** ……………………….

**Verbal Consent Received:** Yes / No (circle which one)

**Date:** ……………………….

**Print Name:** ……………………………………………………………….

## Contact Information

Thank you for completing this information form and signing the above consent section.

Please post or email the completed information form to:

ECEI Latrobe Community Health Service:

|  |  |
| --- | --- |
| **CENTRAL HIGHLANDS** | **WIMMERA SOUTH WEST** |
| Email: [central.highlandsECEI@ndis.gov.au](mailto:central.highlandsECEI@ndis.gov.au)  Postal Address: ECEI Central Highlands  PO Box 1277, Bakery Hill, VIC, 3354 | Email: [wimmera.south.westECEI@ndis.gov.au](mailto:wimmera.south.westECEI@ndis.gov.au)  Postal Address: ECEI Wimmera South West  Suite 1/505 Raglan Parade, Warrnambool, Victoria 3280 |