

Brotherhood of St Laurence - Referral to Early Childhood

Use this form to record information about a child aged under nine years with:

- developmental concern, developmental delay or disability who is seeking support through the Brotherhood of St Laurence.

What is the early childhood approach?

The early childhood approach is funded by the NDIS. The early childhood approach can offer a range of supports for eligible children under nine years.

What is the aim of the early childhood approach?

The aim of the early childhood approach is to provide parents and families with:

- knowledge
- skills
- support.

This is with the goal to maximise the:

- child's development
- ability to participate in family, early childhood education and care settings, and in broader community life.

The early childhood partner's role:

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

The types of supports provided by an early childhood partner are:

- Connections with early supports
- Connections to practical information that's relevant to your child's development.
- Connections with other families
- Connections with mainstream and community services
- Connections to apply to the NDIS

Finding the right early childhood partner:

The Brotherhood of St Laurence Early Childhood Team support children in the following regions and Local Government Areas:

- **North-East Melbourne:** Banyule, Darebin, Nillumbik, Yarra, and Whittlesea.
- **Bayside Peninsula:** Bayside, Frankston, Glen Eira, Kingston, Mornington Peninsula, Port Phillip, and Stonnington.
- **Hume Merri-bek:** Hume and Merri-bek.
- **Brimbank Melton:** Brimbank and Melton.
- **Western Melbourne:** Hobsons Bay, Maribyrnong, Melbourne, Moonee Valley, and Wyndham.

If your child is from a different region, please visit [NDIS office locations](#) or call 1800 800 110 to find out which early childhood partner is most appropriate for you.

Do you need more information?

- **Online:** Further information on the early childhood approach can be found at the [NDIS website](#) (ndis.gov.au) and searching for "Early Childhood Approach".
- **Phone:** 1300 275 634

How to complete and submit this form:

Section A. Referrer details

- If you are an **organisation or third party** completing this form, please complete section A.
- If you are a parent or legal guardian, you do not need to complete section A.

Section B. Referral to Early Childhood Partner

- Complete this section and attach copies of relevant assessments and/or supporting evidence.
- Please ensure that all mandatory fields (marked with a **red asterisk ***) are filled out.
- We are unable to accept evidence of identity at this stage in the pathway, we will assist you to provide this at a later stage.

Section C. Parent or Legal guardian consent

- Must be completed and signed by the parent or legal guardian. If this section is not completed, we will be unable to proceed with the referral.

Return the completed form

Once you have completed the form, please return it using one of the following methods:

- **Email:** BSL.CustomerService@ndis.gov.au or
- **Mail:**
Early Childhood Intake
Brotherhood of St Laurence
PO Box 267
Niddrie, VIC, 3042

Please ensure all relevant sections are completed. If you have any questions about completing the form, you can contact us at the email above.

Section A: Referrer Details

Only fill out Section A if you are referring the child from an **organisation or third party**.

*If you are a parent or legal guardian of the child, you can skip this section and proceed to Section B.

Referrers details:

Please complete all sections below	
Date: (dd/mm/yyyy)	
Organisation making referral:	
Key contact person:	
Phone number:	
Email address:	
Office address:	
Consent to share information: <i>Consent to share information about the child with the referrer.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If you selected "Yes" above, please tick the relevant boxes relating to the information you would like us to share with the referrer:</p>	<p>Submit a referral form Details about my carers Details about my informal supports Details about my service providers Status of my Early Childhood referral All the above</p>
<p>Consent to collect information: <i>Consent to collect information about the child from the referrer.</i></p>	<p>Yes No</p>
<p>How long are you giving consent for:</p>	<p>One time only Ongoing Until (date: _____)</p>

Section B: Referral to Early Childhood Partner

This section may be completed **either** the **referrer** or the **parent or legal guardian** of the child being referred.

Child's details:

Please complete all sections below	
*Child's first name:	
Child's middle name:	
*Child's last name:	
*Has the child ever used, or been known by another name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, please list the child's previous name:	
*Date of birth: (dd/mm/yyyy)	
*Gender:	
*Preferred pronouns: (E.g., he/him, she/her, they/them, other)	
*Country of birth:	

*Is the child Aboriginal and/or Torres Strait Islander?	Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander Neither
Is the child an Australian citizen?	Yes No
If no, does the child hold Permanent Residency Visa or a Protected Special Category Visa?	Yes No
If the child is: <ul style="list-style-type: none"> • Not an Australian Citizen • Does not hold a Permanent Residency Visa • Does not hold a Protected Special Category Visa. <p>Please provide their visa subclass.</p> <p>If you are unsure, refer to the Australian government visas guide.</p>	
Who does the child live with?	

*Preferred language used at home:	
*Address: Include both home and postal address if appropriate.	
*Preferred communication style:	Phone Email SMS Letter
*Preferred correspondence style:	Electronic Printed Text Braille
Has the child started school?	Yes No
Does the child have any immediate family on the NDIS or accessing Early Childhood Supports? (For example: Parents, Brother, Sister)	Yes No

If "Yes", please provide family member's NDIS number:	
Is there an existing parenting, custody, or guardianship arrangement for the child? <i>If yes, please attach documentation to the referral.</i>	Yes No
Does the child have a <i>diagnosis</i>? (E.g., Autism, Developmental Delay)	Yes No
If "Yes", provide diagnosis.	
If "Yes", provide details of the professional who completed the diagnosis.	

Parent/legal guardian details

Please provide the details of at least one parent or legal guardian for the child. You may complete **Parent or Legal Guardian 1**, **Parent or Legal Guardian 2**, or both. This ensures we have the correct contact information and can obtain consent where needed.

Parent/legal guardian 1:

Please complete all sections below	
*Relationship to child: (Mother/Father/Legal Guardian)	
*First name:	
Middle name:	
*Last name:	
*Have you ever used, or been known by another name?	Yes No
*If yes, please list your previous name:	
*Date of birth: (dd/mm/yyyy)	
*Gender:	
*Preferred pronouns: (E.g., he/him, she/her, they/them, other)	
*Country of birth:	

*Is the parent or legal guardian Aboriginal and/or Torres Strait Islander?	Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander Neither
*Address: <i>Include both home and postal address if appropriate.</i>	
*Contact number:	
*Email:	
*Preferred communication style:	Phone Email SMS Letter
* Preferred language used at home:	
*Is an interpreter required?	Yes No

<p>*Opt in for Surveys: The NDIA offers feedback surveys to collect feedback on interactions with the NDIS.</p> <p>Information can be found on the NDIS website.</p>	<p>Yes</p> <p>No</p>
<p>*Preferred correspondence style:</p>	<p>Electronic</p> <p>Printed Text</p> <p>Braille</p>

Parent/legal guardian 2:

Please complete all sections below	
*Relationship to child: (Mother/Father/Legal Guardian)	
*First name:	
Middle name:	
*Last name:	
*Have you ever used, or been known by another name?	Yes No
*If yes, please list your previous name:	
*Date of birth: (dd/mm/yyyy)	
*Gender:	
*Preferred pronouns: (E.g., he/him, she/her, they/them, other)	
*Country of birth:	

*Is the parent or legal guardian Aboriginal and/or Torres Strait Islander?	Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander Neither
*Address: <i>Include both home and postal address if appropriate.</i>	
*Contact number:	
*Email:	
*Preferred communication style:	Phone Email SMS Letter
* Preferred language used at home:	
*Is an interpreter required?	Yes No

<p>*Opt in for Surveys: The NDIA offers feedback surveys to collect feedback on interactions with the NDIS. <i>Information can be found on the NDIS website.</i></p>	<p>Yes No</p>
<p>*Preferred correspondence style:</p>	<p>Electronic Printed Text Braille</p>

Other services or supports

If you are working with an organisation, you may wish to give them consent to be contacted as part of the referral process.

To do this, please provide details for **at least one key contact** in the organisation below. You can nominate up to two key contacts in total. If your key contacts change, please let us know so we can update who in the organisation you have given consent to.

Organisation key contact 1:

Please complete all sections below	
First name:	
Last name:	
Profession or relationship:	
Organisation name:	
Phone number:	
Email:	
Consent: <i>Consent to share information about the child with the organisation.</i> <i>Consent to collect information about the child from the organisation.</i>	Consent to share Consent to collect Both

Organisation key contact 2:

Please complete all sections below	
First name:	
Last name:	
Profession or relationship:	
Organisation name:	
Phone number:	
Email:	
Consent: <i>Consent to share information about the child with the organisation.</i> <i>Consent to collect information about the child from the organisation.</i>	Consent to share Consent to collect Both

Areas of concern with child's development

Please provide any information about areas where the child may be experiencing difficulties or needs extra support. Include specific examples where possible.

Please ensure consent is received from the child's parents or legal guardians before completing this section.

Please add 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.

<p>Cognitive:</p> <p>E.g., learning, remembering, and practicing new skills such as playing games, pretend play, etc.</p>	
<p>Communication:</p> <p>E.g., understanding, talking, and communicating needs with others, etc.</p>	

<p>Social/emotional: E.g., social, skills, relating to others within the home or community environments etc.</p>	
<p>Self-care: E.g., feeding, dressing, toileting, sleeping, and grooming etc.</p>	

Section C: Parent or Legal Guardian Consent

This section **must** be completed by the parent or legal guardian of the child being referred. Please note, if this section is not completed, we will be **unable** to proceed with the referral.

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 below in Privacy Policy.
- I have carefully read all the information provided in the referral form and confirm that it is accurate, complete, and up to date.
- I consent to the Brotherhood of St Laurence 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/s completing/assisting with this form as listed in Section A and Section B.

Privacy

- To provide early childhood support, Brotherhood of St Laurence (BSL) are required to collect and store the information provided in this form within the PACE business system.
- In dealing with personal information, we abide by the obligations imposed on us under federal law, including the Privacy Act 1988 (Cth) Privacy Act and the

National Disability Insurance Scheme Act 2013 (Cth) (NDIS Act).

- The Privacy Act authorises our collection of personal information where this is required to facilitate access to the NDIS and perform our other functions.
- We are also bound by confidentiality and secrecy provisions in the National Disability Insurance Scheme Act 2013 (Cth) (NDIS Act). These provisions limit how we collect and use personal information and when and to whom information can be disclosed.
- To learn more about the NDIA Privacy Policy please visit:
<https://www.ndis.gov.au/about-us/policies/privacy>

Parent or legal guardian signature

This must be completed and signed by the parent or legal guardian.

If this section is **not** signed, we will be unable to proceed with the referral.

Signature: This form must be signed physically or electronically. Initials are not accepted.	
Name:	
Your relationship to the child:	Parent Legal Guardian
Date signed	

Notes