



Delivering the NDIS in  
your community

## **Referral to Early Childhood Partners**

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 mainstream and community services
- Connections to practical information that's relevant to your child's development.
- Connections with other families
- Connections with early supports
- 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](https://ndis.gov.au/contact/locations) (https://ndis.gov.au/contact/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](https://ndis.gov.au) (ndis.gov.au) and searching for "Early Childhood Approach".
- **Phone:** 1300 275 634

## How to complete and submit this form:

To submit this form, complete these steps:

### 1. **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.

### 2. **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.

Please note, 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.

### 3. **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.

### 4. **Return the completed form:**

**Email:** [BSL.CustomerService@ndis.gov.au](mailto:BSL.CustomerService@ndis.gov.au)

**OR**

**Mail:** Early Childhood Intake

Brotherhood of St Laurence

PO Box 3042

Broadmeadows, 3047

## 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.

Referrer's details	Please complete all sections below
<b>Date:</b> (dd/mm/yyyy)	
<b>Organisation making referral:</b>	
<b>Key contact person:</b>	
<b>Phone number:</b>	
<b>Email address:</b>	
<b>Office address:</b>	
<b>Consent provided to referrer:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you selected "Yes" above, please tick box(es) relating to the information you would like us to share with the referrer:	<b>Consent to share information about:</b> <input type="checkbox"/> submit a referral form <input type="checkbox"/> details about my carers <input type="checkbox"/> details about my informal supports <input type="checkbox"/> details about my service providers <input type="checkbox"/> the status of my early childhood referral <input type="checkbox"/> all the above
<b>Does the referrer (person completing this form), consent to being contacted during the referral process?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>How long are you giving consent for:</b>	<input type="checkbox"/> One time only <input type="checkbox"/> Until (date: dd/mm/yyyy) <input type="checkbox"/> Ongoing (enduring)
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## Section B: Referral to Early Childhood Partner

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

### Child's Details

Child's details	Please complete all sections below
<b>*Child's first name:</b>	
<b>Child's middle name:</b>	
<b>*Child's last name:</b>	
<b>*Date of birth:</b> (dd/mm/yyyy)	
<b>*Address:</b> Include both home and postal address if appropriate.	
<b>*Gender:</b>	

<b>*Preferred pronouns:</b> (E.g., he/him, she/her, they/them, other)	
<b>*Preferred communication style:</b> (Phone, email, SMS, letter)	
<b>*Preferred correspondence style:</b>	Printed text Braille
<b>*Is the child Aboriginal and/or Torres Strait Islander?</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither
<b>Is the child an Australian citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, does the child hold a Permanent Residency Visa or a Protected Special Category Visa?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the child is <b>not</b> an Australian citizen, <b>nor</b> hold a Permanent Residency Visa <b>or</b> Protected Special Category Visa, provide details of their visa sub-class. If unknown, refer to the <a href="#">Australian government visas guide</a> . <a href="https://guides.dss.gov.au/socialsecurityguide/9/2">Guides.dss.gov.au/socialsecurityguide/9/2</a>	
<b>Who does the child live with?</b>	

<b>Has the child started school?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<b>Does the child have any family members on the NDIS or accessing Early Childhood Supports</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<b>If "Yes", please provide family member's NDIS number:</b>	
<b>Is there an <i>existing</i> parenting, custody, or guardianship arrangement for the child?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<b>If "Yes", list document name. Documentation must then be attached to referral.</b>	
<b>Does your child have a <i>diagnosis</i>?</b> (E.g., Autism, Developmental Delay)	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<b>If "Yes", provide diagnosis.</b>	
<b>If "Yes", provide details of the professional who completed the diagnosis.</b>	

## Parent/legal guardian details

Please complete at least one of these sections: 'Parent or legal guardian 1 / 2'.

Parent or legal guardian 1	Please complete all sections below
<b>*Relationship to child:</b> (Mother/Father/Legal Guardian)	
<b>*Parent or legal guardian first name:</b>	
<b>Parent or legal guardian middle name:</b>	
<b>*Parent or legal guardian last name:</b>	
<b>*Gender:</b>	
<b>*Preferred pronouns:</b> (E.g., he/him, she/her, they/them, other)	
<b>*Preferred communication style:</b> Phone, email, SMS, letter  <i><b>Note -</b> This is how we will contact you to discuss details of your referral/book meetings. (On average, we will make three attempts to contact you).</i>	
<b>*Preferred correspondence style:</b>	Printed text  Braille
<b>*Date of birth:</b> (dd/mm/yyyy)	
<b>*Is the parent/legal guardian Aboriginal and/or Torres Strait Islander?</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Neither



<p><b>*Address:</b> Include both home and postal address if appropriate.</p>	
<p><b>Contact number:</b></p>	
<p><b>Email:</b></p>	
<p><b>Preferred language:</b></p>	
<p><b>Is an interpreter required?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Parent or legal guardian 2	Please complete all sections below
<b>*Relationship to child:</b> (Mother/Father/Legal Guardian)	
<b>*Parent or legal guardian first name:</b>	
<b>Parent or legal guardian middle name:</b>	
<b>*Parent or legal guardian last name:</b>	
<b>*Gender:</b>	
<b>*Preferred pronouns:</b> (E.g., he/him, she/her, they/them, other)	
<b>*Preferred communication style:</b> Phone, email, SMS, letter <i>Note - This is how we will contact you.</i>	
<b>*Preferred correspondence style:</b>	<p>Printed text</p> <p>Braille</p>
<b>*Date of birth:</b> (dd/mm/yyyy)	
<b>*Is the parent/legal guardian Aboriginal and/or Torres Strait Islander?</b>	<p><input type="checkbox"/> Aboriginal</p> <p><input type="checkbox"/> Torres Strait Islander</p> <p><input type="checkbox"/> Both Aboriginal and Torres Strait Islander</p> <p><input type="checkbox"/> Neither</p>
<b>*Address:</b> Include both home and postal address if appropriate.	
<b>Contact number:</b>	

<b>Email:</b>	
<b>Preferred contact method:</b>	
<b>Preferred language:</b>	
<b>Is an interpreter required?</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No

## Other services or supports (including carers)

To give consent to an organisation you need to give us the details for **at least one key contact** below. Consent is limited to 2 key contacts in the organisation. If your key contacts change, let us know so we can update who in the organisation you have given consent to.

### Organisation key contact 1

<b>Details 1:</b>	<b>Please complete all sections below</b>
<b>Name:</b>	
<b>Profession or relationship:</b>	
<b>Contact details:</b> (Including organisation name)	
<b>Consent:</b> Does the parent or legal guardian give permission for us, the EC Partner, to contact the above listed professional or service provider and gather information relevant to the child's developmental and support needs to better understand their circumstances?	<input type="checkbox"/> Yes  <input type="checkbox"/> No

## Organisation key contact 2

<b>Details 2:</b>	<b>Please complete all sections below</b>
<b>Name:</b>	
<b>Profession or relationship:</b>	
<b>Contact details:</b> (Including organisation name)	
<b>Consent:</b> Does the parent or legal guardian give permission for us, the EC Partner, to contact the above listed professional or service provider and gather information relevant to the child's developmental and support needs to better understand their circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Current concerns in the following domains

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

Domain	Please complete notes below
<b>Physical:</b>  E.g., gross, and fine motor skills such as moving around/ crawling/ walking/ sitting, rolling, using hands and fingers, using mobility aids etc.	
<b>Cognitive:</b>  E.g., learning, remembering, and practicing new skills such as playing games, pretend play, etc.	

<p><b>Communication:</b></p> <p>E.g., understanding, talking, and communicating needs with others, etc.</p>	
<p><b>Social/emotional:</b></p> <p>E.g., social, skills, relating to others within the home or community environments etc.</p>	

**Self-care:**

E.g., feeding, dressing,  
toileting, sleeping, and  
grooming etc.



## 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 NDIS Privacy Policy](https://www.ndis.gov.au/about-us/policies/privacy) 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.

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

<p><b>Signature:</b></p> <p>This form must be signed physically or electronically. Initials are not accepted.</p>	
<p><b>Name:</b></p>	
<p><b>Please tick your relationship to the child:</b></p>	<p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Guardian</p>
<p><b>Date form signed:</b> (dd/mm/yyyy)</p>	

## Notes