

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 within one of the following Local Government Areas:
Inner Eastern Melbourne – Boroondara, Manningham, Monash, Whitehorse
Outer Eastern Melbourne – Knox, Maroondah, Yarra Ranges
Southern Melbourne – Cardinia, Casey, Greater Dandenong
Inner Gippsland – Bass Coast, Baw Baw, Latrobe, South Gippsland
Outer Gippsland – East Gippsland, Wellington

Further information regarding ECEI can be found at the following website: [NDIS Website ECEI Page](#), or email ecei@linkhc.org.au or phone **1800 546 532**.

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 / guardians 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 13 for the contact details of your ECEI Partner)**

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 11-12 and seek signed consent where indicated.

Child Details

Child’s first name:	
Child’s middle name:	
Child’s surname:	
Date of birth:	
Home address:	
Is the child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander
Does the child live with parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child live with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:	

Country of birth:	
Is the child an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, does the child hold:	<p>1. A Permanent Residency Visa or a protected Special Category Visa holder?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>2. Other type of visa? Please specify:</p>

Parent / Carer Details

Adult number 1's first name:	
Adult number 1's surname:	
Date of birth:	
Relationship to child: (e.g. mother, father, grandparent)	
Home address (if different to child's):	
Is Adult number 1 of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander
Phone number(s):	
Email:	
Preferred Language:	
Preferred contact: (e.g. phone, letter, email)	

Adult number 2's first name:	
Adult number 2's surname:	
Date of birth:	
Relationship to child: (e.g. mother, father, grandparent)	
Home address (if different to child's):	
Is Adult number 2 of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander
Phone 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify the type of custody/court order and provide a copy with this application:	

Language / Interpreter

Main language spoken at home:	
Is an interpreter required for a phone conversation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child's Disability and / or Developmental Delay

Does the child have a diagnosed disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate the diagnosis:	
Does the child have a developmental delay?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, is the child undergoing assessment for developmental delay or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide details of the professional who made the diagnosis or is undertaking the child's assessment:

Name:	
Profession:	
Service name:	
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 name:	
Phone number:	
Mobile number:	
Email:	
Address:	
Signature:	

Additional Professionals / Services

On the next page (page 8) 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 on page 8 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's name and position / title:	
Phone number:	
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's name and position / title:	
Contact number:	
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's name and position / title:	
Contact number:	
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.)		
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 / communicating needs with others 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 e.g. 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 assessments 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 Link Health and Community on 1800 546 532.

Link Health and Community Privacy Information

Protecting your privacy

Link Health and Community (Link HC) values the privacy of every individual and is committed to protecting all personal and health information collected. Link HC complies with Victorian privacy law when collecting and managing all personal and health information.

Link HC collects personal and health information from you that is necessary to determine the most appropriate supports and services that your child and family may need. With your consent, Link HC may also contact you (parent/guardian/carer) and other services and supports involved, to collect further information about your child.

Link HC may also use your contact details in order to send you a request to participate in a survey to support our quality assurance processes.

Consent to share your information with the NDIA

The information shared in this form is for the purpose of making a request to access the ECEI pathway, however will not guarantee that your child will become a participant in the NDIS.

Link HC will only disclose the information provided in the following ways:

- To the National Disability Insurance Agency (NDIA), to facilitate entry into, or to access supports in accordance with, the NDIS.
- For research and statistical purposes in order to indicate the current and future needs of children and their families. In these circumstances, any identifying information is removed to ensure that their personal and health information is protected.
- To Local Area Coordinators (LAC), to assist in transfer of information at transition from ECEI services.

Use and disclosure of the personal information and health information provided will otherwise only occur if permitted by law. In some instances Link HC may be compelled by other laws to disclose information held about the child to other bodies such as a regulatory authority, law enforcement agency, court or tribunal.

If you do not consent to the sharing of your information with the NDIA, the NDIA may not be able to provide the kinds of supports you and/or your child need to reach your and/or your child's goals or determine the most appropriate general supports for you and/or your child.

Storage of personal and health information

Link HC and the NDIA take the protection of personal information very seriously and will not share your information with any other person without your consent or unless authorised or required under law. Information collected about you/your child will be stored securely on databases administered by Link HC and the NDIA. Only authorised personnel will have access to the information stored on these databases. More information about the NDIA's collection, use, disclosure and storage of your/your child's personal information can be found in the NDIA's Privacy Policy (www.ndis.gov.au/privacy).

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 Link HC or the NDIA.

- If you would like to request access to your personal information held by Link HC please contact by the following means:
Email: Attention Privacy Officer - ecei@linkhc.org.au
Phone: Link HC Access and Coordination - 1800 546 532.
- If you would like to request access to your personal information held by the NDIA please contact: FOI Coordinator - 1800 800 110 or foi@ndis.gov.au

To find out more about the NDIS Freedom of Information please visit: <https://www.ndis.gov.au/about-us/access-information/freedom-information-foi.html>

Process for accessing client records – Freedom of Information (FOI)

The NDIA is subject to the Freedom of Information Act. Participants are able to request for their personal information to be released, although certain processes apply according to certain NDIA requirements.

Any FOI request for personal information should be forwarded to the NDIA as per the above procedure. Participants can also request that their personal information be released to a third party/external body such as: Child Protection Authorities, Police Forces and the Courts.

Access to personal information assists participants to ensure that their personal information held in the records of the NDIA are accurate and confidentiality is maintained.

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 Link Health and Community 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 (please circle)

(Note – this person must have legal authority to provide consent)

Print Name of Parent: _____

Date: _____

Contact Information

Thank you for completing this information form and signing the above consent section. Please post or email the completed information form to:

Email: ecei@linkhc.org.au

Postal Address: **Attention Access and Coordination Team**

Link Health and Community

1 / 607 Canterbury Road, Vermont VIC 3133

If you need assistance to complete this information form please contact the Access and Coordination team on **1800 546 532**.