

**HAWKESBURY EARLY CHILDHOOD INTERVENTION SERVICE INC. (H.E.C.I.S.)**

ABN 77 638 834 599

12 Stewart St, South Windsor 2756

Funding assistance provided by:
Education & CommunitiesPh 02 4587 7277
Email: info@hecis.org.au
Website: www.hecis.org.auEarly Childhood Advisory Service
Early Education Support Service
Family Support Program
Early Childhood Intervention Playgroup
NDIS Provider**REFERRAL FORMS for HECIS ASSESSMENT (Parent/Carer Based Referral)**

Total of 4 pages

Consents pages must be completed/signed by ALL parent/carers/legal guardian's with parental responsibility for the child.

Child's Name:		Male/Female (please circle)
Country of Birth:		D.O.B.
Parent(s)/Carer(s):		
Address:		Postcode:
Mothers Occupation:	Fathers Occupation:	
Phone: (Home)	(Mothers mobile)	(Father's Mobile)
Email:		
What is the carer's relationship to child?		Age of carer:
Is the child in 'Out of Home Care'	Yes/No	Do you have Parental Responsibility for the child? Yes/No
Is the child of Aboriginal/Torres Strait Islander decent?.		
Does the child speak English as a second language?(ESL).		
Language spoken at home:		Interpreter required? Yes / No (please circle)
Does the child's family hold a Health Care Card?.		Yes / No (please circle)
Does the family receive a Carer's Allowance payment?.		Yes / No (please circle)
Does the child have an NDIS Participant No#		Yes/No (please circle) NDIS No#

Has the child already received a diagnosis? If so, what was the diagnosis and who made it? (please attach any reports received)

Do you have any concerns about your child? If so, what are they?

In which areas would you like to see your child develop?

Does the child attend a Child Care Service/School?:**Centre/Service:**

Phone: _____ Fax: _____

Email: _____

Child's starting date : _____

Days of Attendance: Monday Tuesday Wednesday Thursday Friday (please circle)

Carer/Teacher/Room Leader: _____

Service Director/Principal: _____

Office Use Only:

Referral Forms received on: _____

Appointment made for: _____

Email / Letter sent to parent/carers: _____

Email sent to centre confirming appt. _____

*Has your child seen or is seeing-

	Yes/No	Name	Agency	Date last seen
a speech pathologist?				
a physiotherapist?				
an occupational therapist?				
a behaviour counsellor?				
a paediatrician?				

*Does your child have a medical condition? (eg. Glue ear, epilepsy, ADD etc)

*Has your child had a hearing test? Date: _____ Result: _____

*Has your child had a vision test? Date: _____ Result: _____

*Is there a family history of learning difficulties, language delays, or another disability?

*Is there any other information that you wish to add to this referral?

*Siblings:

Name	Age	Name	Age

HECIS Consents and Release of Information Approvals

[NB: Each parent/carer/guardian with parental responsibility for the child must sign each consent box.]

The assessment can be conducted at our centre at South Windsor, in the child's home or at the child's child care centre or school (if the child attends one). Please indicate which venue you would prefer the assessment is undertaken at _____

(Home/ HECIS Centre/Child Care Centre/School)

(If applicable) I give permission for my child _____ to be assessed by the Special Education teacher from the Hawkesbury Early Childhood Intervention Service Inc. (HECIS) at his/her child care service.

Parent/Carer/Guardian's Signature: _____ Date: _____

Parent/Carer/Guardian's Signature: _____ Date: _____

(If applicable) I understand that the information provided by me within this referral is to assist the Special Education teacher in providing an assessment service to my child at his/her child care service/school and that a copy of the report of assessment will be provided to the child care service/school as well as myself.

Parent/Carer/Guardian's Signature: _____ Date: _____

Parent/Carer/Guardian's Signature: _____ Date: _____

I am aware of the HECIS website www.hecis.org.au where I can view the HECIS Manual (policies & procedures) and obtain further information about the HECIS service.

Parent/Carer/Guardian's Signature: _____ Date: _____

Parent/Carer/Guardian's Signature: _____ Date: _____

I do / do not (please circle) consent to HECIS staff obtaining information about my child from other relevant professionals and agencies (e.g. Speech & Occupational Therapists, Physiotherapists, Paediatrician, etc.?)

Parent/Carer/Guardian's Signature: _____ Date: _____
Parent/Carer/Guardian's Signature: _____ Date: _____

I do / do not (please circle) consent to the HECIS staff releasing information about my child to other relevant professionals and agencies (e.g. Speech & Occupational Therapists, Physiotherapists, Paediatrician, etc.?)

(Note ** for exceptions to any consent(s) given)

Parent/Carer/Guardian's Signature: _____ Date: _____
Parent/Carer/Guardian's Signature: _____ Date: _____

****Exceptions to any consent given above:**

I do **not** consent to the HECIS staff releasing information with the following persons/agencies:

Parent/Carer/Guardian's Signature: _____ Date: _____
Parent/Carer/Guardian's Signature: _____ Date: _____

****Special Considerations to consents: (if applicable)**

I have these additional special requests regarding confidentiality or the exchange of information about my child

I am aware that I can withdraw my consent (by letter, email to info@hecis.org.au or verbally) to any or all of the HECIS services at any time. Withdrawing my consent for any part of the HECIS service will not prevent access to other applicable HECIS services.

Parent/Carer/Guardian's Signature: _____ Date: _____
Parent/Carer/Guardian's Signature: _____ Date: _____

Personal Information Consents required by HECIS Funding Bodies

To assist the HECIS service to operate in the Hawkesbury LGA we receive funding grants from the NSW Govt. through the following:

- Education & Communities, Office of Education, Early Childhood Education and Care – *Early Childhood Project*

The NSW Govt. funding this program require HECIS to collect and supply data relating to the individual programs to them when requested. Data collected will be used for Government reporting requirements, monitoring and review. The NSW Govt. uses data collected to assist in policy development in relation to early childhood education and care services in NSW.

Completion of the attached DEC Consent Form is a condition of the Early Childhood Project program funding under which this referral service is made available.

The following consent is required to be obtained from each parent/carers with parental responsibility for the child receiving a HECIS service.

(1) DEC (Consent Form - Child) CONSENT TO USE AND DISCLOSURE OF CHILD'S PERSONAL INFORMATION(2018)

[NB: Each parent/carer with parental responsibility for the child must sign the consent form.]

I understand that H.E.C.I.S. (the **Service**) will collect my child or legal ward's (as identified below) (**Child**) personal information.

Personal information (including information or an opinion) may include information that I provide (or someone provides on my behalf) as part of my Child's enrolment application or as part of an application for funding for my Child or otherwise in connection with the Child's attendance at the Service, including the Child's name, date of birth, and sensitive information such as information relating to the Child's health including any disability (this may include medical records and reports) (**Personal Information**).

I authorise the Service to disclose my Child's Personal Information to the New South Wales Department of Education and Communities (**Department**). I understand that the Department will only use or disclose such Personal Information relating to the Child as permitted under applicable privacy laws including the *Privacy and Personal Information Protection Act 1998* (NSW) and the Health Records and Information Privacy Act 2002 (HRIP Act). In limited circumstances this may include disclosure to other Australian government agencies, including the Commonwealth and to those located in States and Territories outside New South Wales.

The Department may use my Child's Personal Information for any purpose relating to the exercise of its governmental functions including for, but not limited to, the assessment and potential provision of support or funding to my child or the Service including for any teachers or caregivers in connection with the Service.

If you do not agree to your Child's Personal Information being provided to the Department then this could impact the funding allocation made available to the Service.

Under law, you may have a right of access to, and correction of, such Personal Information. Please contact the Service or the Department in such circumstances.

I consent to the collection, use and disclosure of my Child's Personal Information in the manner outlined in this form.

DETAILS OF CHILD	
PRINT FULL NAME OF CHILD	
DATE OF BIRTH	

DETAILS OF PARENT / LEGAL GUARDIAN (1)	
PRINT FULL NAME OF PARENT / LEGAL GUARDIAN	
RELATIONSHIP TO CHILD (e.g. mother, father, guardian)	

SIGNATURE OF PARENT/GUARDIAN (1)

DATE:

____/____/____

DETAILS OF PARENT / LEGAL GUARDIAN (2)	
PRINT FULL NAME OF PARENT / LEGAL GUARDIAN	
RELATIONSHIP TO CHILD (e.g. mother, father, guardian)	

SIGNATURE OF PARENT/GUARDIAN (2)

DATE:

____/____/____