

WA INCLUSION AGENCY

Parent Information & Consent Form



The Inclusion Support Program aims to promote and maintain high quality, inclusive practices in early learning environments by providing support to Early Childhood Education and Care (ECEC) services to build their capacity and capability to include all children, including those with high support needs.

1800 119 247

The Inclusion Support Program is delivered in WA by the WA Inclusion Agency. WA Inclusion Agency services are delivered by Communicare in partnership with One Tree Community Services and Wanslea Early Learning & Development.

ECEC services are responsible for returning this form to: info@WAInclusionagency.org.au

Parent/Legal Guardian to complete form.

CHILD'S DETAILS			
Name of Early Childhood Education and Care Service:			
Child's Name:		Date of Birth:	

PERMISSIONS
<p><i>Please read each statement carefully to ensure you are aware of the permissions you are granting.</i></p> <p>I give permission for:</p> <ul style="list-style-type: none">• I give permission for an Inclusion Professional (IP) to visit and observe my child at their ECEC service.• The WA Inclusion Agency (IA) to liaise with the service regarding my child.• The WA IA staff to liaise with other services/agencies that are supporting the care and education of my child.• My child's Early Childhood Education and Care Service to apply for the Inclusion Development Fund (IDF).• I understand that the information given in the IDF application including health documentation provided by me will be given to the Department of Education, Skills and Employment and the Inclusion Development Fund Manager. <p>Privacy Statement</p> <p>I acknowledge that my child's Early Childhood Education and Care (ECEC) service has informed me that the above information is required by the WA Inclusion Agency. Information provided is confidential and will not be disclosed to any additional party (other than those stated above) unless required by law. The WA Inclusion Agency follows the requirements set out in the Privacy Act (1988).</p>

PARENT/LEGAL GUARDIAN CONSENT							
Full Name:				Relation to Child:			
Signed:				Date:			
Parent/Legal Guardian Contact Number:							
Parent/Legal Guardian Contact Email:							
My Child Attends the ECEC:	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN

Please contact your ECEC if you would like further information about the Inclusion Support Program.

The Inclusion Support Program is funded by the Department of Education, Skills and Employment.