

# WA INCLUSION AGENCY

## Parent Information & Consent Form



The Inclusion Support Programme aims to promote and maintain high quality, inclusive practices in early learning environments by providing support to Early Childhood and Child Care Services to build their capacity and capability to include all children, including those with high support needs.

**1800 119 247**

The Inclusion Support Programme 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.

**ECCC services are responsible for returning this form along with the relevant supporting documentation to: [Info@WAInclusionagency.org.au](mailto:Info@WAInclusionagency.org.au)**

**Parent/Legal Guardian to complete form.**

CHILD'S DETAILS			
<b>Name of Early Childhood &amp; Child Care Service:</b>			
<b>Child's Name:</b>		<b>Date of Birth:</b>	

PERMISSIONS
<i>Please read each statement carefully to ensure you are aware of the permissions you are granting.</i>
<b>I give permission for:</b>
<ul style="list-style-type: none"><li>• I give permission for an Inclusion Professional (IP) to visit and observe my child at their early childhood and child care (ECCC) service.</li><li>• The WA Inclusion Agency (IA) to liaise with the service regarding my child.</li><li>• The WA IA staff to liaise with other services/agencies (e.g. Clinical Psychologists, Therapy Services, Private Therapists, Early Intervention/School Programs, Social Workers/Case Managers, Paediatricians, Child Development Services and the Child Health Clinic) that are supporting the care and education of my child.</li><li>• My child's Early Childhood and Child Care Service to apply for the Inclusion Development Fund (IDF).</li><li>• I understand that the information given in the IDF application including health documentation provided by me will be given to the Australian Government Department of Education and Training and the Inclusion Development Fund Manager.</li></ul>
<b>Privacy Statement</b>
I acknowledge that my child's Early Childhood and Child Care 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).

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

*The Inclusion Support Programme is funded by the Australian Government Department of Education and Training*