



**REQUEST FOR ASSISTANCE**

**(Childcare Staff to Complete & Parent to Sign)**

**Service Details:**

<b>Childcare Service:</b>		<b>Date:</b>	
<b>Service Address:</b>		<b>Post Code:</b>	
<b>Service Type:</b>			
<b>Contact Person:</b>			
<b>Phone Number:</b>		<b>Fax Number:</b>	
		<b>Email:</b>	

**Please indicate how many children are in the care environment, from the following priority groups;**

	Child/ren with a Disability
	Child/ren from CALD (Culturally & Linguistically)
	Child/ren from ATSI (Aboriginal & Torres Straight Islander)
	Refugee

**Request Details:**

**Additional Support**  
(Complete Page 2 & 3)

**Resources**

(If requiring resources or information please list your request in the space below)

*Child's Details:*

<b>Name Of Child:</b>		<b>DOB:</b>	
<b>Name Of:</b> (please circle) Parent/s Foster Carer Guardian			
<b>Address of Parent:</b>			
<b>Phone Number/s:</b>	Home: Work: Mobile:	<b>Post Code:</b>	
<b>Does the child have a diagnosed disability?</b> Yes No (please circle)	Diagnosed disability details		
<b>Is the child seeing any Therapists or Doctors? If yes, please provide details:</b>			
<b>Days of attendance:</b>		<b>Age Group:</b>	

## CALD Request:

<b>Please Circle</b>	CALD /Refugee	ATSI
<b>Details of the Child's Cultural &amp; Linguistic Background:</b>		
<b>Description of support required:</b>		
<b>Language Spoken</b> (other than English)		

<b>Director/Co-ordinator's Name</b>	
<b>Group Leaders Name &amp; Signature:</b>	
<b>I hereby give Inclusion Support Agency staff permission to support the above service and to provide and gain information from other relevant agencies to assist in the care of my child. This may include other</b>	
<b>Parent/Guardian Name &amp; Signature:</b>	
<b>Date:</b>	

**To be completed by the Childcare Service and returned/faxed with page 1**

<b>Name of Child:</b>	<b>Name Of Service:</b>
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*Please describe (in the appropriate column below) the inclusion needs for this child in your service*

<b>Information on the child's additional needs whilst in care:</b>	
<b>Physical:</b>	
<b>Cognitive:</b>	
<b>Behavioural Issues:</b>	
<b>Language:</b>	
<b>Social Emotional:</b>	
<b>Self Help:</b>	
<b>Additional Comments:</b>	