



REQUEST FOR ASSISTANCE (Childcare Staff to Complete & Parent to Sign)

Service Details:

Childcare Service:		Date:	
Service Address:		Post Code:	
Phone Number:		Fax Number:	
Service Type: (please circle)	LDC	OSHC (BSC/ASC/VAC)	FDC OCC
Child's Days Of Attendance:		Age Group:	

Child's Details:

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

Request for General Information:

(If your service requires generalised information, please let us know in the space below disregarding the child details section)

Culturally & Linguistically (CALD), Refugee, Torres Strait Islander, Australian South Sea Islander & Aboriginal

Please Circle	CALD	Refugee	TSI	ASSI	Aboriginal
Details of the Child's Cultural & Linguistic Background:					
Language Spoken (other than English)					

Director/Co-ordinator's Name and Signature:.....

Group Leaders Name and Signature:.....

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 Agency Staff visiting the child care service to support Inclusive Practices.

Parent/Guardian name and signatureDate.....

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

Name of Child:	Name Of Service:
-----------------------	-------------------------

Please describe (in the appropriate column below) the inclusion needs for this child in your service

Information on the child's additional needs whilst in care:	
Physical:	
Cognitive:	
Behavioural Issues:	
Language:	
Social Emotional:	
Self Help:	
Accreditation:	<i>For CALD, Refugee, Torres Straight Islander, Australian South Sea Islander & Aboriginal</i>
Additional Comments:	