Delivering the NDIS in your community

Referral to Early Childhood Partner

Please use this form when seeking support through the National Disability Insurance Scheme (NDIS) for a child who lives within the Murrumbidgee, Mallee, Goulburn or Loddon health districts to record information about a child younger than 6, when there are concerns with their development, or a child younger than 9 with a disability.

What is the Early Childhood Approach?

The National Disability Insurance Scheme (NDIS) early childhood approach is a family-centred, holistic, and best practice approach to early intervention for children younger than 9 with disability or children younger than 6 with developmental delay or concerns. This approach is designed to provide children and their families with the support they need to achieve their goals and reach their full potential. If you believe a child younger than 9 may benefit from this support, you can make a referral.

The Early Childhood Partner's role

Early childhood partners are a contact point for families and carers of children younger than 9, seeking support through the NDIS. They help to determine the most appropriate supports for the child and family, tailored to their individual needs and circumstances.

The types of supports provided by an early childhood partner may include connections:

- with mainstream and community services
- to practical information relevant to a child's development
- with other families
- with early supports
- to apply to the NDIS

How to complete and submit this form

This form may be completed by:

- a family or carer, with the assistance of a professional (If required)
- a professional working with the family or carer such as a GP, paediatrician

There are three steps to complete and lodge this form:

1. Complete the referral to early childhood partner form and record parent, guardian or child representative consent.
2. If consent is provided by the parent and/or guardian, please attach copies of any relevant assessments, reports or letters from health professionals that describe the child's needs in support of this information form where appropriate.
3. Return the completed information form and any attachments to:

    - **Email***:* intereach-earlychildhood@ndis.gov.au
    - **Mail***:* Intereach, PO Box 501, Deniliquin NSW 2710
    - **In person***:* Addresses for Intereach offices can be found at https://www.intereach.com.au/contact/

Do you need more information?

- **Online***:* Further information can be found on the Intereach website (www.intereach.com.au) or on the NDIS website (www.ndis.gov.au)
- **Phone***:* 1300 488 226

Privacy and Consent Collection Notice

Intereach is committed to protecting your privacy and handling your personal information in accordance with the Australian Privacy Principles (APPs), the Privacy Act 1988 (Cth), and other relevant legislation and contractual requirements.

We collect personal and sensitive information that is necessary to process this referral and provide appropriate services and supports. Information is usually collected directly from you or your authorised representative. In some circumstances, information may be obtained from third parties where you have consented.

Your information is collected to assess the referral, deliver services and supports, meet funding and reporting obligations, evaluate outcomes, and carry out our organisational functions.

If we do not collect the personal information required, we may be unable to assess your referral, provide services or supports, or meet our legal and contractual obligations.
With your consent, or where permitted or required by law,
Intereach may share your information with government agencies, the National Disability Insurance Agency (NDIA), service providers, healthcare providers, and other organisations involved in the delivery of your supports. Intereach does not disclose personal information to organisations based outside Australia.

Our Privacy Policy explains how we collect, store, use, disclose, protect, and manage personal information, how you can access or correct your information, and how to make a privacy complaint. A copy is available on the Intereach website www.intereach.com.au or upon request.

By submitting this referral, you acknowledge that you have read and understood this Privacy and Confidentiality Collection Notice and consent to Intereach collecting, using, storing and disclosing your personal information for the purposes described above.

If you would like further information on the National Disability Insurance Agencys (NDIA) Privacy Policy, please refer to www.ndis.gov.au.

Referrer details

Note: Please only complete this section if the referrer is an organisation/provider of support.

If you are a parent, carer or guardian of the child, please go to parent or guardian consent section on page 9.

Referrer details	Please complete all sections below
Date DD/MM/YYYY:	
Organisation making referral:	
Contact person:	
Phone number:	
Email address:	
Office address:	

Note: The early childhood partner may need to contact the professional listed above to better understand the child's circumstances and to ensure that the child is connected to the supports that best meets their needs.

Consent to contact the professional referrer:	
Yes	☐
No	☐

Referral to Early Childhood Partner

Child's details

Child's details required	Please complete all sections below	
Child's First name:		
Child's Last name:		
Date of Birth DD/MM/YYYY:		
Gender:		Pronouns
Has the child been known by another name:	☐ Yes, previously known as: _____ ☐ No	
Aboriginal or Torres Strait Islander?	Aboriginal	☐
	Torres Strait Islander	☐
	Aboriginal and Torres Strait Islander	☐
	Neither	☐
Country of birth:		
Is the child an Australian	Yes	☐
Citizen/Permanent Resident?	No	☐
Who does the child live with?		

Parent and/or Guardian details

***Parent* or *Guardian* details**	Please complete all sections below	
Parent or Guardian Full name:		
Date of Birth DD/MM/YYYY:		
Gender:		Pronouns:
Relationship to child? (e.g. Parent, guardian)		
Have you been known by another name:	☐ Yes, previously known as: _____ ☐ No	
Aboriginal or Torres Strait Islander?	Aboriginal	☐
	Torres Strait Islander	☐
	Aboriginal AND Torres Strait Islander	☐
	Neither	☐
Home address:		
Contact number:		
Email:		
Preferred contact method: (Please select one)	☐ Phone ☐ SMS ☐ Email ☐ Letter	
Country of birth		
Preferred language:		
Do you require an interpreter:	☐ Yes ☐ No	Language:

Additional Family details

Family or carer 2 details	Please complete all sections below	
Family or carer full name:		
Date of Birth DD/MM/YYYY:		
Gender:		Pronouns
Relationship to child? (eg. Parent, carer, guardian)		
Have you been known by another name:	☐ Yes, previously known as: _____ ☐ No	
Aboriginal or Torres Strait islander?	Aboriginal	☐
	Torres Strait Islander	☐
	Aboriginal AND Torres Strait Islander	☐
	Neither	☐
Home address:		
Contact number:		
Email:		
Preferred contact method: (Please select one)	☐ Phone ☐ SMS ☐ Email ☐ Letter	
Country of birth		
Preferred language:		
Do you require an Interpreter:	☐ Yes ☐ No	Language:

Additional details

Documentation details	Please complete all sections below	
Custody or court orders Is there an existing parenting, custody or guardianship arrangement for the child? **If 'yes' please attach them to this form when submitting.**	Yes ☐ If yes, please attach No ☐	
Is your child undergoing (Or recently completed) assessment for developmental delay or diagnosed disability?	Yes	☐
	No	☐
If yes, please provide details and/or attach reports.		
Additional information (for example: recent hospitalisation, starting school soon etc.)		
Does your child have any sibling/s who are in the process for applying to the NDIS or are currently an NDIS Participant? If yes, please provide name of child/ren. This will allow us to link them in the business system.		

Services

Please list all supports you are currently engaging with (E.g. education, medical, community services, recreational)

Contact details (Including organisation name)

(E.g. school, childcare, therapists, paediatricians, etc.)

Consent:

Does the parent or guardian give permission for us, the early childhood partner, to contact the above listed professionals and/or service providers and share the child's information to better understand their circumstances?

☐ Yes ☐ No

Child's current development in areas of major life activity

What are your child's current interests and strengths.

How does your child move around and explore their environment

E.g. walking/crawling, sitting, rolling, using their hands, coordination, using mobility aids etc)

How does your child communicate with you and/or others?

(e.g. full sentences, combining 2-3 words, hand gestures, body language, understanding what's being said to them)

How does your child express their feelings and emotions, and how do they relate to others within the home or community?

(e.g. emotional regulation, interactions with others, how they cope with change)

Does your child need help with daily activities and routines?

(E.g. feeding, bathing, dressing, toileting, sleeping)

Additional/other information to share

By signing this form	
I have read and understood the General Information and the Important Privacy Information provided with this information form.	☐
I understand how my child's personal information will be collected, used and disclosed for the purposes of the NDIS.	☐
I have carefully read all of the information provided in the referral form and confirm that it is accurate, complete and up to date.	☐
I consent to Intereach collecting, using and disclosing personal and sensitive information about my child in accordance with the General Information and Important Privacy Information sections in this document.	☐
I understand that I may withdraw consent to receive support from an early childhood partner at any time.	☐
I give permission to contact the professional completing or assisting with this information form (if any).	☐

Please complete signed consent below

Parent or G*uardian*'s details		
Signature:	Click or tap here to enter text.	
Name:	Click or tap here to enter text.	
Please tick your relationship to the child:	Parent	☐
	Guardian	☐
Date: DD/MM/YYYY	Click or tap here to enter text.	