

Referral to early childhood partners

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
- 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, carer, guardian or child representative consent.
2. If consent is provided by the parent, carer, 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 at the NDIS website (ndis.gov.au)
- **Phone:** 1300 488 226

Referral to early childhood partners

Child's details

Child's details required	Please complete all sections below	
Child's full name:		
Date of Birth DD/MM/YYYY:		
Gender:		
Pronouns (optional):		
Aboriginal or Torres Strait Islander?	Aboriginal	<input type="checkbox"/>
	Torres Strait Islander	<input type="checkbox"/>
	Aboriginal and Torres Strait Islander	<input type="checkbox"/>
	Neither	<input type="checkbox"/>
Country of birth:		
Is the child an Australian Citizen?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
Who does the child live with?		

Family or carer details

Family or carer 1 details	Please complete all sections below	
Family or carer 1 full name:		
Date of Birth DD/MM/YYYY:		
Gender:		
Pronouns (optional):		

Family or carer 1 details	Please complete all sections below
Relationship to child? (eg. Parent, carer, guardian)	
Home address:	
Contact number:	
Email:	
Preferred contact method:	
Preferred language:	

Family details

Family or carer 2 details	Please complete all sections below
Family or carer 2 full name:	
Date of Birth DD/MM/YYYY:	
Gender:	
Pronouns (optional):	
Relationship to child? (eg. Parent, carer, guardian)	
Home address:	
Contact number:	
Email:	

Preferred contact method:	
Preferred language:	

Additional details

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

Other services in place or previously accessed

Service 1 details	Please complete all sections below	
Name:		
Profession:		
Contact details (including organisation name):		
Consent: Does the parent, carer or guardian give permission for us, the early childhood partner, to contact the above listed professional or service provider and share the child's information to better understand their circumstances?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Service 2 details	Please complete all sections below	
Name:		
Profession:		
Contact details (including organisation name):		
Consent: Does the parent or carer or guardian or give permission for us, Intereach, to contact the above listed professional or service provider and share the child's information to better understand their circumstances?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Current concerns in areas of major life activity

Areas of major life activity	Provide details below or attach any relevant reports.
<p>Self-Care:</p> <p>For example, how they bathe, dress themselves, eat, drink, use the toilet and sleep.</p>	
<p>Receptive and Expressive Language:</p> <p>For example, how they understand words, including through gestures and signs. It's also about how they communicate with you. This could be through facial expressions, gestures or verbal words.</p>	
<p>Cognitive Development:</p> <p>For example, how they understand and remember information, learn new things, practice and use new skills, play with others, develop social and safety skills and problem solve.</p>	
<p>Motor Development:</p> <p>For example, how they move around their home and community such as walking, running and crawling. It could also include information about</p>	

Areas of major life activity	Provide details below or attach any relevant reports.
how they pick up and use their hands to play with different objects.	

Referrer details

Note: Please only complete this section if the referrer is an organisation.

If you are a parent, carer or guardian of the child, please go to [parent or carer](#) consent section on the next page.

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 is provided	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

By signing this form	
<ul style="list-style-type: none"> I have read and understood the General Information and the Important Privacy Information provided with this information form. 	<input type="checkbox"/>
<ul style="list-style-type: none"> I understand how my child's personal information will be collected, used and disclosed for the purposes of the NDIS, which is set out below in the Privacy Policy. 	<input type="checkbox"/>
<ul style="list-style-type: none"> I have carefully read all of the information provided in the referral form and confirm that it is accurate, complete and up to date. 	<input type="checkbox"/>
<ul style="list-style-type: none"> 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. 	<input type="checkbox"/>
<ul style="list-style-type: none"> I understand that I may withdraw consent to receive support from an early childhood partner at any time. 	<input type="checkbox"/>
<ul style="list-style-type: none"> I give permission to contact the professional completing or assisting with this information form (if any). 	<input type="checkbox"/>

Please complete your details on the next page.

Parent or carer's details		
Signature:		
Name:		
Please tick your relationship to the child:	Parent	<input type="checkbox"/>
	Carer	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
	Professional referring child If so, please confirm that you have received verbal consent from the child's parent, carer or guardian to make this referral	<input type="checkbox"/> Consent: <input type="checkbox"/>
Date: DD/MM/YYYY		

Privacy Policy

[Intereach Privacy Policy](#)

<https://www.intereach.com.au/wp-content/uploads/2021/06/>

[Policy_All_Privacy-1.pdf](#)