

# WA INCLUSION AGENCY

## Request for Inclusion Support Form



The Inclusion Support Program aims to promote and maintain high quality, inclusive practices in early learning environments by providing support to Early Childhood Education and Care (ECEC) services to build their capacity and capability to include all children, including those with high support needs.

**1800 119 247**

The Inclusion Support Program 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.

**ECEC services are responsible for completing and returning this form to: [info@WAinclusionagency.org.au](mailto:info@WAinclusionagency.org.au)**

| REGION   |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> North Metro   | <input type="checkbox"/> Goldfields   | <input type="checkbox"/> Kimberley                            |  |
| <input type="checkbox"/> South Metro   | <input type="checkbox"/> Wheatbelt  | <input type="checkbox"/> Pilbara                              |  |
| <input type="checkbox"/> East Metro  | <input type="checkbox"/> Peel   | <input type="checkbox"/> Gascoyne                             |  |
| <input type="checkbox"/> South West  | <input type="checkbox"/> Great Southern   | <input type="checkbox"/> Mid West                             |  |
| SERVICE DETAILS  |   |   |  |
| <b>Full Registered Name of ECEC Service:</b>   |   |   |  |
| <b>Service Type:</b>   | <input type="checkbox"/> Long Day Care  | <input type="checkbox"/> Before School Care                   | <input type="checkbox"/> Occasional Child Care |
| Please tick all that apply   | <input type="checkbox"/> Family Day Care  | <input type="checkbox"/> After School Care                    | <input type="checkbox"/> Vacation Care         |
| <b>Address:</b>  |   |   |  |
| <b>Contact Number:</b>   |   | <b>Contact Email:</b>   |  |
| <b>Name of Educator Requesting Support:</b>  |   |   | <b>Position:</b>                               |
| RELEVANT SUPPORT DETAILS   |   |   |  |
| <b>Age Group/Room:</b>   |   | <b>Child's Name:(If applicable)</b>                           |  |
| SUPPORT REQUESTED FOR (please tick the most appropriate box/boxes):  |   |   |  |
| <input type="checkbox"/> Disability/Development Delay  | <input type="checkbox"/> Refugee or Humanitarian Background                     | <input type="checkbox"/> Language / Speech Delay              |  |
| <input type="checkbox"/> Undergoing Assessment   | <input type="checkbox"/> Bicultural Support                                     | <input type="checkbox"/> Aboriginal or Torres Strait Islander |  |
| <input type="checkbox"/> Serious Medical or Health Condition, including Mental Health  | <input type="checkbox"/> Challenging Behaviours and/or Trauma Related Behaviour | <input type="checkbox"/> Environment Support                  |  |
| <b>Please specify the specific support needed</b> (e.g. communication, social interactions, behaviour).<br>Please explain the issues or the situations and how these impact on the environment.  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
| PRIVACY STATEMENT  |   |   |  |
| The WA Inclusion Agency complies with the requirements set out in the Privacy Act (1988). To enable us to support Early Childhood Education and Care services and their Educators, we may need to collect and hold personal information regarding a child enrolled in your service, some of which may be of a sensitive nature. This information shall be retained in a secure environment and may be shared with other organisations or individuals for referral purposes and/or ongoing support. |   |   |  |
| <b>Name of Service Director/Co-ordinator:</b>  |   |   |  |
| <b>Signed:</b>   |   | <b>Date:</b>  |  |

*The Inclusion Support Program is funded by the Department of Education*