

## Early Childhood Intervention Services (ECIS)

This form:

- provides information about Early Childhood Intervention Services (ECIS) funded by the Department of Education and Training (DET)
- supports determination of eligibility for ECIS
- supports planning for provision of relevant services when a child is eligible for ECIS

There are three parts to this form:

### 1. General Information

### 2. Application Form – including mandatory consent section

### 3. Important Privacy Information

Please read each part of this form carefully. If you do not understand any part of this form, please contact the ECIS Intake team in the region where you live to obtain further information. ECIS Intake is the entry point for ECIS in Victoria. The contact details of the ECIS Intake teams are listed on page 2.

Please note if you live in the following local government areas:

- City of Greater Geelong, Borough of Queenscliffe, Surf Coast or Colac - Otway Shires
- Cities of Banyule, Darebin, Whittlesea or Yarra, Nillumbik Shire
- City of Ballarat, Rural City of Ararat, Golden Plains, Moorabool, Hepburn or Pyrenees Shires
- City of Greater Bendigo, Campaspe, Central Goldfields, Loddon, Macedon Ranges, or Mount Alexander Shires

You are in the National Disability Insurance Scheme (NDIS) areas and are required to apply for support through the National Disability Insurance Agency (NDIA) or the NDIS Early Childhood Early Intervention (ECEI) Partner, not ECIS Intake. Please contact either the NDIA on 1800 800 110 or your area's ECEI Partner (<http://www.education.vic.gov.au/childhood/parents/needs/Pages/ecis.aspx>) for further information.

## Part 1 – General Information

### What is ECIS?

Early Childhood Intervention Services (ECIS) funded by DET offer a range of supports for families with children who have a disability or developmental delay prior to school entry.

### What is the aim of ECIS?

The aim of ECIS is to provide parents and families with the knowledge, skills and support to optimise the child's development and ability to participate in family, early childhood education and care settings, and broader community life.

### Who is eligible?

A child from birth to school entry who has either:

- a disability; **or**
- a developmental delay which is the result of an impairment and causes substantial functional limitations **and** who requires a coordinated, long term, multidisciplinary service response is eligible for ECIS.

Further information regarding ECIS can be found at the following website:

<http://www.education.vic.gov.au/childhood/parents/needs/Pages/ecis.aspx>

or contact your regional ECIS Intake team (details on the next page).

It is strongly recommended that all children who are being assessed for their eligibility to receive ECIS:

- Attend the Maternal and Child Health Service
- See a paediatrician
- Have their hearing and vision tested.

Eligibility for ECIS does not imply that the child will automatically become eligible for school-based support upon transition to school.

Applications for ECIS are managed by ECIS Intake Teams across the state. There are three steps:

1. Complete the application form (part 2 of this form) and sign parent consent on page 6.
2. Attach copies of any relevant assessments, reports or letters from health professionals that describe the child's needs in support of the application.
3. Send the completed application form and any attachments to the ECIS Intake team in the region of the child's residence (see below). Intake determines whether the child meets eligibility criteria for ECIS. If a child is eligible for ECIS, Intake will work with the family to identify concerns, provide information, plan next steps and allocate to an appropriate ECIS provider.

If a parent or carer of the child is completing the application form, he/she should consult with the child's paediatrician, GP, maternal & child health nurse or other community / or health professional involved with the child, and seek their assistance to complete the application. The professional can record their details on the application on page 5.

If a professional is completing the application form, he/she should consult with the child's parent/carer to discuss the ECIS application and ensure that the information provided is accurate and up to date. The parents or carers should read and understand the general and privacy information contained in the application form and give consent for the application. The professional should ensure that the **parent/guardian/carer signs the completed application form before** it is submitted to ECIS Intake.

Incomplete or unsigned applications will be returned for further information to be provided.

Post/email/fax the completed form to ECIS Intake at the DET Regional Office servicing your local government area.

ECIS Intake North Eastern Victoria Region	ECIS Intake North Western Victoria Region
<p><b>Email:</b> <a href="mailto:ecis.intake.nevr@edumail.vic.gov.au">ecis.intake.nevr@edumail.vic.gov.au</a></p> <p>For local government areas of Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse, Yarra Ranges:</p> <p>ECIS Intake DET level 3, 295 Springvale Rd., Glen Waverley 3150 <b>Phone 1300 662 655 Fax 83929411</b></p> <p>For local government areas of Alpine Benalla, Greater Shepparton, Indigo, Mansfield, Mitchell, Moira, Murrindindi, Strathbogie, Towong, Wangaratta, Wodonga:</p> <p>ECIS Intake DET, PO Box 403, Benalla 3672 <b>Phone 1800 627 391 Fax 8392 9502</b></p>	<p><b>Email:</b> <a href="mailto:ecis.intake.nwvr@edumail.vic.gov.au">ecis.intake.nwvr@edumail.vic.gov.au</a></p> <p>For local government areas of Hume and Moreland: ECIS Intake DET, Locked Bag 2001, Coburg, 3058 <b>Phone 8393 4512 Fax 9488 9400</b></p> <p>for local government areas of Swan Hill, Buloke, &amp; Gannawarra: ECIS Intake DET, PO Box 442 Bendigo, 3552 <b>Phone 1300 363 514 Fax 5442 5321</b></p> <p>For the Rural City of Mildura and township of Robinvale: Mallee Family Care ECIS Intake, PO Box 1870, Mildura, 3502 <b>Phone 5051 0981 Fax 5021 4962</b></p> <p>Please note that children residing in the local government areas of:</p> <ul style="list-style-type: none"> <li>• Cities of Banyule, Darebin, Whittlesea or Yarra, or Nillumbik Shire</li> <li>• City of Greater Bendigo, Campaspe, Central Goldfields, Loddon, Macedon Ranges, Mt Alexander Shires</li> </ul> <p>These LGAs fall within the NEMA &amp; Loddon NDIS areas and children residing in these areas are required to apply for support through the NDIS ECEI Partner, not Victorian ECIS Intake. Please contact the NDIS or ECEI Partner for further information. *</p>
ECIS Intake South Eastern Victoria Region	ECIS Intake South Western Victoria Region
<p><b>Email:</b> <a href="mailto:ecis.intake.sevr@edumail.vic.gov.au">ecis.intake.sevr@edumail.vic.gov.au</a></p> <p>For local government areas of Bayside, Cardinia, Casey, Frankston, Greater Dandenong, Glen Eira, Kingston, Mornington, Port Phillip, Stonnington:</p> <p>ECIS Intake, PO Box 5 Dandenong, 3175 Phone 1300 720 151 fax 8765 5784</p> <p>For local government areas of Bass Coast, Baw Baw, East Gippsland, Latrobe, South Gippsland, Wellington:</p> <p>ECI Intake DET, PO Box 381 Moe, 3825 <b>Phone 1300 720 151 Fax 5127 0451</b></p>	<p><b>Email:</b> <a href="mailto:ecis.intake.swvr@edumail.vic.gov.au">ecis.intake.swvr@edumail.vic.gov.au</a></p> <p>For local government areas of Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee valley, Wyndham, Moyne, Warrnambool, Corangamite, Southern Grampians, Glenelg, Northern Grampians, Hindmarsh, West Wimmera, Horsham, and Yarriambiack:</p> <p>ECIS Intake PO Box 2141 Footscray 3011 <b>Phone 8397 0263 Fax 8397 0303</b></p> <p>Please note that children residing in the local government areas of:</p> <ul style="list-style-type: none"> <li>• City of Greater Geelong, Borough of Queenscliffe, Surf Coast or Colac - Otway Shires</li> <li>• City of Ballarat, Rural City of Ararat, Golden Plains, Moorabool, Hepburn or Pyrenees Shires</li> </ul> <p>These LGAs fall within the Barwon and Central Highlands NDIS areas and children residing in these areas are required to apply for support through the NDIS ECEI Partner not Victorian ECIS Intake. Please contact the NDIS or ECEI Partner for further information.*</p>

\*NDIS – National Disability Insurance Scheme. NDIA – National Disability Insurance Agency (PH 1800 800 110)  
ECEI Partner information <http://www.education.vic.gov.au/childhood/parents/needs/Pages/ecis.aspx>

## Part 2 – ECIS Application Form

All sections of the application form must be completed. Where information is not applicable please enter N/A. Where information is unknown please enter UNKNOWN. Please read consent and privacy information provided on pages 6, 7 and 8 and sign consent where indicated.

### Child Details

Child's First Name				Child's Surname				
Date of Birth				Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Home Address								
Is the child of:	<input type="checkbox"/>	Aboriginal origin	<input type="checkbox"/>	Torres Strait Islander origin				
	<input type="checkbox"/>	Both Aboriginal & Torres Strait Islander origin				<input type="checkbox"/>	Neither	
Does the child:	<input type="checkbox"/>	Live with others, provide details below			<input type="checkbox"/>	Live with parents		
					Country of birth			
Is the child an Australian citizen?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
If the child is not an Australian citizen do they hold:								
1. A permanent visa or are they a protected Special Category Visa holder?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Other type of visa, please specify (e.g. Bridging Visa, Temporary Protection Visa, Protection Visa)								
Does the parent or carer qualify for, and receive any of the following payments / benefits?								
Carers allowance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Applied for		
Family Health Care Card	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				

### Parent / Carer\* Details

\* If the child is in the care of an informal relative carer, consent must be accompanied by an Informal Relative Carer Statutory Declaration available from ECIS Intake

<b>Adult 1:</b> Name										
Relationship to child (e.g. mother, father, grandfather)										
Home address										
Is this adult:	<input type="checkbox"/>	Aboriginal origin	<input type="checkbox"/>	Torres Strait Islander origin						
	<input type="checkbox"/>	Both Aboriginal & Torres Strait Islander origin				<input type="checkbox"/>	Neither			
Contact Phone Number(s)				Email						
Preferred language				Preferred contact	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Letter	<input type="checkbox"/>	Email
<b>Adult 2:</b> Name										
Relationship to child (e.g. mother, father, grandfather)										
Home address										
Is this adult:	<input type="checkbox"/>	Aboriginal origin	<input type="checkbox"/>	Torres Strait Islander origin						
	<input type="checkbox"/>	Both Aboriginal & Torres Strait Islander origin				<input type="checkbox"/>	Neither			
Contact Phone Number(s)				Email						
Preferred language				Preferred contact	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Letter	<input type="checkbox"/>	Email

**Custody / Court Orders**

Are there any court orders / custody arrangements for the child?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please provide a copy of the court orders with this application

**Language / Interpreter**

Main language spoken at home	
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Is an interpreter required for the phone conversation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Professionals / Services currently involved**

Please list the services and supports you are already using to help you meet your child's needs (e.g. GP, paediatrician, maternal & child health nurse, medical specialist, therapist, etc) and the services your child currently attends (e.g. childcare, kindergarten, occasional care, etc)

Service name		Profession		
Address		Phone		
Permission for ECIS intake to contact and share information?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Service name		Profession		
Address		Phone		
Permission for ECIS intake to contact and share information?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Service name		Profession		
Address		Phone		
Permission for ECIS intake to contact and share information?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Service name		Profession		
Address		Phone		
Permission for ECIS intake to contact and share information?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If the child has previously been referred for allied health services (such as speech pathology) at a hospital or community health service, please provide the service name and date of referral if known:

Service		Referral date	
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### Child's Disability and / or Developmental Delay

Does the child have a diagnosed disability?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please indicate the diagnosis					
If no, is the child undergoing assessment for disability or developmental delay?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Please provide details of the professional who made the diagnosis or is undertaking the child's assessment?					
Name		Profession			
Organisation name and address					
Phone number		Email			
Has the child had a recent developmental screen with the Maternal & Health Service?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, was referral to ECIS recommended?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has the child had a vision assessment?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes provide date of assessment and a summary of the results					
Has the child had a hearing assessment?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes please provide the date of assessment and a summary of the results					

Please attach copies of documents that describe the child's needs that may support this application. The relevant documents may include medical assessment and reports, letters, screening assessments from health and/or educational professionals, court orders or other relevant parent/carer documents.

**THIS SECTION MUST BE COMPLETED FOR ALL APPLICATIONS**

<b>Developmental Area</b>	<b>Concerns</b> Describe the concerns regarding the child's development	<b>Impact</b> Describe how this substantially impacts on the child's daily living activities and participation in family and community life
<b>Self care</b> (e.g. feeding / dressing / toileting etc. appropriate for age)		
<b>Physical</b> (e.g. gross and fine motor skills such as moving around / crawling / walking / sitting, rolling, using mobility aids etc.)		
<b>Communication</b> (e.g. understanding, talking and communicating needs with others appropriate for age, etc.)		
<b>Relationships and behaviour</b> (e.g. relating to others within the home or community environments etc.)		
<b>Learning and play</b> (e.g. learning, remembering and practicing new skills such as playing games, pretend play, etc.)		

**Please provide other information that may be relevant to this Application (e.g. family situation, risks to the child, significant safety issues, plans for school, etc.)**

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**Details of professional completing / assisting with this application (if any)**

Name		Position / title	
Service / Agency		Phone	
Mobile		Email	
Address			
Signature		Date	

## Parent / Carer Consent

I have read and understood the General Information (Part 1) and the Important Privacy Information (Part 3) provided with this application.

I understand how my child's personal information and health information will be collected, used and disclosed.

I have carefully read all of the information provided in the Application Form and confirm that it is accurate, complete and up to date.

I consent to the Department of Education and Training (ECIS Intake) collecting using and disclosing personal and health 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 ECIS service provider at any time.

I consent to ECIS Intake contacting and collecting further information about my child from the services and supports identified in the Application Form.

Signed (Parent / Carer)*		Date	
Print name			

Please note that DET ECIS Intake cannot determine a child's eligibility for ECIS if the consent part of this form is not signed.

### \*Who may sign this ECIS application form on behalf of a child?

Only one signature is required for this form. Any of the following people can sign this form:

- a person with parental responsibility for 'major long term issues' as defined by the *Family law Act 1975* (Cth)
- an officer delegated to exercise the powers and functions of the Secretary of the Department of Health and Human Services under sections 175(1)(b).(2) & (3) of the *Children, Youth and Families Act 2005* (Vic).
- a carer authorized under a Department of Health and Human Services Instrument of Authorisation to make decisions about 'major long term issues' as defined by the *Family Law Act 1975* (Cth)

If none of the above people are available, an informal carer may sign this form. An informal carer is a relative or other responsible adult with whom the child lives and who has day to day care of the child. Informal carers should sign an 'Informal Carer Statutory Declaration' to confirm their status. This is available from ECIS Intake.

**Thank you for completing this Application Form and signing the above consent section.**

**Please send to ECIS Intake in your area – details page 2.**

## Part 3 – Important Privacy Information

Please read this section carefully. If you have any questions, contact ECIS Intake at page 2 of this application form.

### Protecting your privacy

ECIS Intake is part of the Department of Education and Training (DET). DET values the privacy of every individual and is committed to protecting all personal and health information collected. DET complies with Victorian privacy law when collecting and managing all personal and health information, including information collected through this ECIS Intake Form.

DET ECIS Intake collects personal information and health information through this form that is necessary to assess ECIS eligibility and plan for ECIS service delivery. ECIS Intake may also contact you (as parent/guardian/carer) to collect further information about your child or to clarify information provided on this form.

ECIS Intake may also contact the other services and supports listed on this form to collect additional information about your child or clarify information provided on this form.

### Use and disclosure of your information that is collected by ECIS Intake

ECIS Intake will use the personal and health information provided on this form to determine your child's eligibility for ECIS and plan for ECIS service delivery. If ECIS Intake refers your child to an ECIS provider, we will provide a copy of this form to the service provider and any supporting documentation. This will enable the ECIS provider to provide appropriate services that your child requires.

ECIS Intake may also share the information provided to the Victorian government school that your child attends. This will enable that Victorian government school to optimally educate and support your child. The information will only be shared with school staff who 'need to know' to educate or support your child or fulfil legal obligations. All Victorian government schools are part of DET and must comply with Victorian privacy law when handling all personal and health information.

ECIS Intake will only disclose the information provided on this form and attached reports / notes / health information in the following ways:

- to ECIS providers to confirm the availability of services and/or to confirm your child's application status
- to the National Disability Insurance Agency, to facilitate entry into, or to access supports in accordance with, the National Disability Insurance Scheme
- for research and statistical purposes. In these circumstances, any identifying information is removed to ensure that their personal and health information is protected.

Use and disclosure of the personal information and health information provided on this form will otherwise only occur if permitted by law. In some instances DET may be compelled by other laws to disclose information held about the child to other bodies such as a regulatory authority, law enforcement agency, court or tribunal.

If you do not provide all or some of the information requested on this form, processing of the application may be delayed and/or your child may be assessed as ineligible for ECIS.

### Accessing your personal and health information

The authorised representative of your child (e.g. parent, guardian or carer) can seek to access the personal and health information about the child that is held by DET. Applications must be made to the Information Management Division of DET via email on [foi@edumail.vic.gov.au](mailto:foi@edumail.vic.gov.au).

### Storage of personal and health information

Information collected about the child will be stored securely on databases administered by DET. Only authorised personnel will have access to the information stored on this database. For more information please see the DET Privacy policy: [www.education.vic.gov.au/Pages/privacypolicy.aspx](http://www.education.vic.gov.au/Pages/privacypolicy.aspx)