

Application for Access to Early Childhood Development Programs and Services

Updated June 2020

Early childhood development programs (known as ECDPs) and services provide support to children with diagnosed or suspected disability prior to their enrolment in Prep. The aim of this support is to develop skills and behaviours to maximise their participation in schooling.

Early childhood development programs and services include centre-based, outreach and specialist teacher/advisory visiting teacher (AVT) services to children prior to their enrolment in Prep.

It is important to note that while the Department of Education (the department) provides early childhood development programs and services to support children prior to Prep, this is not considered enrolment at a Queensland state school. Prep is the first year of schooling and any services provided by the department prior to this are considered a registration only.

The *Application for Access to Early Childhood Development Programs and Services* (the application) is completed in collaboration with the child's parent/carer, and relevant members of the education team, and submitted to the regional office for approval of the child's registration in an early childhood development program and/or service.

The application is used to record:

- parent/carer consent for department officers to collect information to assist in determining the child's eligibility for and participation in early childhood development programs and/or services; and
- information collected to determine the child's eligibility for and participation in early childhood development programs and/or services.

Privacy Statement

The Department of Education is collecting personal information on this form about you and your child under the Education (General Provisions) Act 2006 (Qld) and in accordance with the Information Privacy Act 2009 (Qld), in order to provide an early childhood development program or service for your child. Your information will be stored securely and only accessed by authorised departmental staff and the professionals providing support to your child. This information will not be used for any other purpose or given to any other person or agency unless you have given us permission or we are authorised or required by law. If you have a concern or complaint about the way this personal information has been collected, used, stored or disclosed, please contact the regional office in your area in the first instance.



Parent/Carer Consent

Child's name	Date of Birth	Age	Proposed centre or program	Application type
				<input type="checkbox"/> Initial <input type="checkbox"/> Review

Parent/carers consent and acknowledgement

I understand that:

- I can withdraw consent for this application to proceed at any time before a decision is made; and
- if the application is approved, information about my child's disability and early childhood development program and service will be recorded on the department's record management system for the purpose only of informing the provision of an appropriate early childhood development program and/or service; and
- I will be expected to participate in any review processes as appropriate or at my request.

In considering this application, I give consent for:	Initial and date here
The department to collect personal information for the purpose of determining eligibility for and provision of early childhood development programs and/or services.	
The sharing of information between the early childhood development program and/or service with department guidance officers, advisory and specialist teachers, therapists and State Schools Registered Nurses in order to inform the provision of an appropriate early childhood development program and/or service.	
The sharing of diagnostic information, information to inform educational planning and support provision between the early childhood development program and/or service and the Current Services Supporting My Child listed below. <i>Please note, services listed may have their own parent consent requirements that must be met before information they have can be shared with the department (e.g. Early Childhood Education and Care Services).</i>	
When my child is transitioning and subsequently enrolled in a state or non-state school: Sharing of all information regarding my child's early childhood development program and/or service with relevant school and education personnel for the purpose of informing his/her educational planning and program at their future state or non-state school.	
Parent/carers name:	Parent/carers signature:
Date:	



Child's details

Page | 3

Last name:	First name:
Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <i>Early childhood education program and/or service registration records must reflect the sex as stated on the child's birth certificate or passport.</i>
Home address:	
Child residency status: <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Visa Holder <input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> Pacific Island Nation not requiring visa <input type="checkbox"/> Temporary Visa Holder * <i>Contact Education Queensland International (EQI) prior to registering to confirm fee paying criteria</i>	
Is the child of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander	
Medical conditions (including allergies/sensitivities):	
Court orders: Are there current Family Court or other court orders concerning the welfare, safety or parenting arrangements for your child/children? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please provide a copy of any relevant current court order.</i>	
Parent/carer name: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Parent/carer name: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Relationship to child:	Relationship to child:
Contact phone number 1:	Contact phone number 1:
Contact phone number 2:	Contact phone number 2:
Email address:	Email address:
Residential address (if different to above):	Residential address (if different to above):
Mailing address (if same as residential, write 'as above'):	Mailing address (if same as residential, write 'as above'):
Emergency contact:	Emergency contact:
Name:	Name:
Phone number:	Phone number:
Additional emergency contact information:	Additional emergency contact information:



Current Services Supporting My Child (including current educational programs e.g. kindergarten, long day-care, National Disability Insurance Scheme Early Childhood Early Intervention (NDIS ECEI) funded services)

Organisation/activity	Programs/services provided	Contact person	Contact details

Eligibility information (e.g. Head of Special Education Services (HoSES)/ AVT/specialist teacher to collect information in consultation with the parent/carer and other team members as relevant)

Outline child's significant education support needs:

- Learning
- Communication
- Access to learning/learning environment (e.g. mobility and fine motor)
- Social-emotional
- Health and safety

Information from approved specialist providing evidence of diagnosis or suspected diagnosis:

Attach reports (list below)¹: ASD HI ID PI SLI VI

¹ The child must have a diagnosed impairment in the area of hearing impairment or a diagnosis of or evidence of suspicion of a diagnosis in autism spectrum disorder (ASD), intellectual impairment (ID), physical impairment (PI), speech-language impairment (SLI) or vision impairment (VI) by a recognised professional.



Early childhood development program and service requirements

(HoSES/AVT/specialist teacher/Guidance Officer to develop in consultation with family and other team members as relevant)

Outline the aims, focus and strategies:

Recommended service provision

(HoSES/AVT/specialist teacher/Guidance Officer to develop in consultation with parent/carer and other team members as relevant)

Outline recommended service provision e.g. centre-based sessions, outreach or professional development provision to other education programs (such as kindergarten, long day-care or other early childhood services), outreach to home:

Consider the best way to achieve the outlined aims, focus and strategy across learning environments.

The information provided reflects the information available to the team at the time of submitting this request.

HoSES/AVT/specialist teacher/Guidance Officer

Parent/carer

Name:

Name:

Signed:

Signed:

Date:

Date:



Principal Education Officer, Student Services Decision-Making

Page | 6

There are documented significant education support needs: <input type="checkbox"/> Yes <input type="checkbox"/> No
There is evidence from approved specialist indicating a diagnosis or suspected diagnosis of: <input type="checkbox"/> ASD <input type="checkbox"/> HI <input type="checkbox"/> ID <input type="checkbox"/> PI <input type="checkbox"/> SLI <input type="checkbox"/> VI <input type="checkbox"/> No diagnosis/suspected diagnosis provided at this time
The recommended service provision is appropriate for program requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reviews (as required)
Select if review required of the child's significant educational support needs: <input type="checkbox"/>
Date required:
Select if review required of the child's suspected diagnosis: <input type="checkbox"/>
Date required:
Review of program and goals (centre/service based review):

I **recommend** / **do not recommend** access to the listed early childhood development program and/or service with the requirements for a review (if applicable) listed above.

Name: _____ Signed: _____ Date: _____

Principal Education Officer, Student Services (or equivalent)

Reasons if program/service is not recommended:
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I **approve** / **do not approve** access to the listed early childhood development program and/or service with the requirements for a review (if applicable) listed above.

Name: _____ Signed: _____ Date: _____

Principal Advisor, Education Services (or equivalent)

<i>In the event of the application being unsuccessful, please provide the following details in relation to the decision-making process:</i>
The decision was made for the following reasons: <ul style="list-style-type: none"> • • •
In arriving at this decision, the following were considered: <ul style="list-style-type: none"> • • •



Finalising the process:**In the event of a successful application:**

- Copy stored on TRIM.
- Original form returned to the early childhood development program to be stored in child's file.
- OneSchool registration completed for the child outlining early childhood development program and/or service details nominated on the application form.
- Application form uploaded onto OneSchool in Record of Contacts.
- Copies of signed form sent to parent/carer(s) notifying them of the successful application and that their child can now access the nominated early childhood development program and/or service.

In the event of an unsuccessful application:

- Copy stored on TRIM.
- Copies of signed form sent to parent/carer(s) notifying them of the unsuccessful early childhood development program and/or service application.
- If the parent/carer is able to provide further information to support an application the parent/carer may submit a further application.

