

OFFICE USE ONLY
DEECD file no. _____
Agency file no. _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Awaiting information: _____
Review date(s):
...../...../.....
...../...../.....

Application to support inclusion of children with severe disabilities in kindergarten 2011

Incorporating Literacy, Numeracy and Special Learning
Needs Program — Non-Government Centres Support

Part 1: Applicant details

Name of Children's Service the child will attend in 2011: _____

Phone: _____ Email: _____

Postal Address: _____

Location Address: _____

Name of early childhood teacher completing this form (in consultation with the Program Support Group):

Name of early childhood teacher for 2011 (if known): _____

Have additional attachments been included? Yes No If yes, please list _____

<p>If late application: date of commencement/...../.....</p>	<p>If late application: days and times of sessions: _____ _____ Reason for late application: _____</p>
--	--

Child details

Child's family name: _____ Child's given name: _____

Child's date of birth:/...../..... Male Female
(day, month, year)

Street address: _____ Suburb: _____ Postcode: _____

In which country was the child born? Australia Other (please specify): _____

Does the child speak a language other than English at home? Yes No
If yes, please specify: _____

Is the child of Australian Aboriginal or Torres Strait Islander origin? (tick only one box)

- Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander
 Yes, Aboriginal No, not Aboriginal nor Torres Strait Islander

In 2010

• Did the child receive a Kindergarten Inclusion Support package? Yes No

In 2011

• Will the child be receiving Early Start kindergarten funding at this service? Yes No

• Is this application for support for this child in a funded program for four year old children in the year prior to school? Yes No

If yes,

• will 2011 be the child's second year of a funded program for four year old children in the year prior to school? Yes No

Privacy Notice – for parents/legal guardians

Please read this notice before you complete the application form. You are encouraged to keep this information.

The Department of Education and Early Childhood Development is committed to protecting your privacy along with the confidentiality and security of personal information you have provided. We are committed to complying with the *Information Privacy Act 2000*, the *Health Records Act 2001* and other relevant Acts.

Why do we ask you for information?

We collect personal information when a kindergarten applies for additional resources to support a child with disabilities to attend kindergarten. This information is collected to decide:

- a child's eligibility for funding for a Kindergarten Inclusion Support package
- the individual needs of eligible children
- the TYPE of additional supports to be provided to the kindergarten for eligible children
- the LEVEL of additional supports to be provided to the kindergarten for eligible children.

Information about your child is collected from you and the people you have approved to be members of your child's Kindergarten Program Support Group. Additional information from members of the support group might be requested to assist the Regional Advisory Group to make an informed decision about your child's eligibility and needs at kindergarten.

Disclosure of information

Some information which does not identify individual children is used to:

- Report the performance of the program to the Commonwealth Department of Education, Employment and Workplace Relations (that funds part of the program).
- Analyse and report the performance of the program within the Department of Education and Early Childhood Development and to the Victorian State Government.
- Analyse and improve programs for children with disabilities in the Department of Education and Early Childhood Development.

The information from you and the Kindergarten Inclusion Support Group is provided to each member of a Regional Advisory Group who makes the decisions about your child's eligibility and the type and level of support the kindergarten receives to assist the inclusion program of your child. The Regional Advisory Group has representatives from:

- the Department of Education and Early Childhood Development regional office
- the non-government organization who delivers the inclusion support services for children with severe disabilities
- a parent representative and
- others (please refer to the *Information and application kit for Kindergarten Inclusion Support Services for children with severe disabilities 2011*, page 16 for information regarding the composition of Regional Advisory Group).

Once the Regional Advisory Group has finalised their decisions the information they have about each child is returned to Department of Education and Early Childhood Development regional office and the community service organisation funded to provide kindergarten inclusion support.

Security and retention of information

All information about your child that you provide is kept secure and confidential. We respect your right to privacy and will only release information about your child with your written consent to the people listed on page 7 as members of the Program Support Group. However, there are some times when we are required by law to disclose information we hold about your child. In most circumstances we will let you know if we are required to do this. All Department of Education and Early Childhood Development staff handling information are required by law to respect your privacy. Any information provided that is not required will be destroyed.

Accessing information

A copy of your application is kept at the Department of Education and Early Childhood Development Early Years Programs regional office and the community service organisation funded to provide kindergarten inclusion support in your region. This can be made available to you on request. Please refer to the *Information and application kit for Kindergarten Inclusion Support Services for children with severe disabilities 2011*, page 15 for contact information.

If you choose not to tell us something

If you choose not to tell us something that we need to know to determine the appropriate supports for your child, we may be unable to provide your child's kindergarten with the support they seek.

Privacy declaration

(strike out not applicable words)

I / we DO / DO NOT approve this application being made by the kindergarten to assist the areas and participation of my child at kindergarten.

Name of child: _____

I / we DO / DO NOT consent to the people listed on page 7 as members of the Program Support Group.

I / we HAVE / HAVENOT been given a copy of the information privacy statement that forms part of this application.

Signature of parent / guardian 1: _____

Name of parent / guardian 1 (please print): _____

Date:...../...../.....

(day, month, year)

Signature of parent / guardian 2: _____

Name of parent / guardian 2 (please print): _____

Date:...../...../.....

(day, month, year)

Details of early childhood programs child attends in 2010

For **2010**, list the early childhood programs that the child attends. Include a contact person, phone number and attendance details.

Name of children's service:			
Name of contact person (early childhood teacher):			
Phone number:		Email Address:	
Total available hours per week of a funded kindergarten program for four year old children in the year prior to school:			
If applicable, total hours per week of Early Start kindergarten funding:			
Total hours per week attended by the child in a funded kindergarten program for four year old children in the year prior to school:			

Other early childhood programs			
Name of early childhood intervention program/service:			
Contact Person:		Phone number:	
Total hours attended by child per week:			
Other (for example Early Start, three year old activity group/child care/occasional care):			
Contact Person:		Phone number:	
Total hours attended by child per week:			
Other (for example Early Start, three year old activity group/child care/occasional care):			
Contact Person:		Phone number:	
Total hours attended by child per week:			
Other (for example Early Start, three year old activity group/child care/occasional care):			
Contact Person:		Phone number:	
Total hours attended by child per week:			

Details of early childhood programs child will attend in 2011

For 2011, list the proposed early childhood programs that the child is expected to attend.

Kindergarten Program	
Total available hours per week of a funded kindergarten program for four year old children in the year prior to school:	
If applicable, total hours per week of Early Start kindergarten funding:	

Proposed sessions the child will attend					
Proposed session times the child will attend:	Monday	Tuesday	Wednesday	Thursday	Friday
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other early childhood programs			
Name of early childhood intervention program/ service:			
Contact Person:		Phone number:	
Total hours attended by child per week:			
Other (for example Early Start, three year old activity group/child care/occasional care):			
Contact Person:		Phone number:	
Total hours attended by child per week:			
Other (for example Early Start, three year old activity group/child care/occasional care):			
Contact Person:		Phone number:	
Total hours attended by child per week:			
Other (for example Early Start, three year old activity group/child care/occasional care):			
Contact Person:		Phone number:	
Total hours attended by child per week:			
Other (for example Early Start, three year old activity group/child care/occasional care):			
Contact Person:		Phone number:	
Total hours attended by child per week:			

Part 2: Details of all persons completing this application

By signing this form I agree to be a member of the Program Support Group; and
I declare that to the best of my knowledge this application

- is complete
- addresses all relevant guidelines in the Information Kit for Kindergarten Inclusion Support Services
- has been completed to accurately represent the developmental abilities and needs of the child

Name of parent or guardian 1: Mr/Mrs/Ms _____

Street address: _____

Suburb: _____ Postcode: _____

Phone number (home): _____ Mobile: _____ Phone (business): _____

Signature: _____ Date:/...../.....
(day, month, year)

Name of parent or guardian 2: Mr/Mrs/Ms _____

Street address: _____

Suburb: _____ Postcode: _____

Phone number (home): _____ Mobile: _____ Phone (business): _____

Signature: _____ Date:/...../.....
(day, month, year)

Part 2: Details of all persons completing this application — continued

Name of professional 1: _____

Service/Agency Name: _____

Role: : _____ Phone: _____

Signature: _____ Date:/...../.....
(day, month, year)

Name of professional 2: _____

Service/Agency Name: _____

Role: : _____ Phone: _____

Signature: _____ Date:/...../.....
(day, month, year)

Name of professional 3: _____

Service/Agency Name: _____

Role: : _____ Phone: _____

Signature: _____ Date:/...../.....
(day, month, year)

Name of professional 4: _____

Service/Agency Name: _____

Role: : _____ Phone: _____

Signature: _____ Date:/...../.....
(day, month, year)

Name of professional 5: _____

Service/Agency Name: _____

Role: : _____ Phone: _____

Signature: _____ Date:/...../.....
(day, month, year)

Please copy this page and attach to the application if further details and signatures are required.

Part 3: Eligibility criteria

3.1 Child's diagnosis/areas of developmental delay

3.2 Nominate the areas that relate to the application (please tick)

The child may be eligible under more than one section. Indicate all criteria that are relevant by ticking the corresponding box/es.

Child is at significant risk of injury to self or others.

(complete 3.3 below and refer to the checklist indicators in the *Information and application kit for Kindergarten Inclusion Support Services for children with severe disabilities 2011*, page 17)

Child is extremely restricted in their capacity for movement.

(complete 3.4 below and refer to the checklist indicators in the *Information and application kit for Kindergarten Inclusion Support Services for children with severe disabilities 2011*, page 18))

Child has exceptional support needs which require immediate medical intervention for life threatening situations

(complete 3.5 below and refer to the checklist indicators in the *Information and application kit for Kindergarten Inclusion Support Services for children with severe disabilities 2011*, page 19).

Questions 3.3, 3.4 and 3.5 are specific to the application. Complete **only** those questions that are relevant.

3.3 Child is at significant risk of injury to self or others

Are there any special considerations that the kindergarten program will need to take into account to ensure the child's inclusion in the program and to minimise any significant risk of injury to self or others? (Please refer to checklist indicators in the *Information and application kit for Kindergarten Inclusion Support Services for children with severe disabilities 2011*, page 17)

Please note any situations or circumstances in which the child might require additional supervision within a kindergarten program setting, including predictability of behaviour and any known triggers.

SF08

3.4 Child is extremely restricted in their capacity for movement

(Please refer to checklist indicators in the *Information and application kit for Kindergarten Inclusion Support Services for children with severe disabilities 2011*, page 18)

Describe the child's level of physical development in the context of transition to and participation in the kindergarten program.

List any equipment that will be used by the child to assist mobility and participation in the kindergarten program.

Under what circumstances does the child require assistance to be moved?

Give specific examples of any other support required in relation to the child's ability to participate in the kindergarten program.

SF08

3.5 Child has exceptional support needs—medical

(Please refer to checklist indicators in the *Information and application kit for Kindergarten Inclusion Support Services for children with severe disabilities 2011*, page 19)

Describe the child's life threatening medical condition.

Give specific examples of any other support required in relation to the child's ability to participate in the kindergarten program.

How often and under what circumstances does the child require medical intervention?

You are required to submit SEVEN copies, the original plus SIX copies to:

Regional Advisory Group Convenor
Kindergarten Inclusion Support Services

See the *Information kit* (page 15) for addresses.

Applications close Friday 17 September 2010.

FAXES WILL NOT BE ACCEPTED.

Part 4: Kindergarten Inclusion Support Plan

SF08

Please refer to ‘Guidelines for completing a Kindergarten Inclusion Support Plan (Section 4 page 10, Information and application kit for Kindergarten Inclusion Support Services for children with severe disabilities 2011).

A Kindergarten Inclusion Support Plan should contain information to enhance both the family and kindergarten’s capacity to facilitate the child’s development and the supports required to do this. It will identify realistic goals and the resources, strategies, services and actions needed for the child and family within the context of the whole kindergarten community. The Kindergarten Inclusion Support Plan will consider the child’s learning and developmental support needs described in the application for support.

Sample – this is an example of one approach to planning—copy the format for recording additional goals/objectives.

Date:/...../.....

Participants: _____

Date of next meeting:/...../.....

What would we like (child’s name) <input data-bbox="129 817 441 858" type="text"/> to gain at kindergarten?	How do we go about this?	Who do we need to involve?	By when? (end of term date)	Outcomes (to be completed at time of Program Support Group reviews and used by the auspice organisation at time of resource reviews)

Office use only

Date application received: Date:/...../.....

Is this a late application? (tick only one box) Yes No Date:...../...../.....

Date application directed to: Regional Advisory Group Date:...../...../.....

Date application assessed by Regional Advisory Group Date:...../...../.....

Outcome of assessment: (tick one box only) Eligible Not eligible Date:...../...../.....

Appeal lodged: (tick one box only) Yes No Date:...../...../.....

If yes, date appeal finalised: Date:...../...../.....

Was the appeal upheld? (tick one box only) Yes No Date:...../...../.....

Letters advising outcome of application sent to:

Parent or guardian Date:...../...../.....

Teacher Date:...../...../.....

Comments:

SF08

Office use only

Reviews (use as per need)

Date undertaken:/...../.....	Date completed:/...../.....
Outcome:			
Name:		Signature:	
Position/Status (Regional Advisory Group convenor):			
Date undertaken:/...../.....	Date completed:/...../.....
Outcome:			
Name:		Signature:	
Position/Status (Regional Advisory Group convenor):			
Date undertaken:/...../.....	Date completed:/...../.....
Outcome:			
Name:		Signature:	
Position/Status (Regional Advisory Group convenor):			