

# Referral to early childhood partners

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Please use this form when seeking support through the National Disability Insurance Scheme (NDIS) for a child who lives in the Perth metropolitan area, Inner Wheatbelt, Peel, Southwest and Great Southern areas of Western Australia. 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:** [Wanslea.Admin@ndis.gov.au](mailto:Wanslea.Admin@ndis.gov.au)
  - **Mail:** Wanslea NDIS  
Unit 4, 19 Wotan Street,  
Innaloo, WA, 6018
  - **In person:** Please call 1300 969 645 to find your nearest office location

### Do you need more information?

- **Online:** Further information can be found at the NDIS website ([ndis.gov.au](https://www.ndis.gov.au))
- **Phone:** 1300 969 645
- **Email:** [NDIS@Wanslea.org.au](mailto:NDIS@Wanslea.org.au)

## Referral to early childhood partners

### Child's details

|   |  |                       |   |
|---|--|-----------------------|---|
| <b>Child's details required</b>                     | Please complete all sections below                         |                       |   |
| Child's full name:                                  |  |                       |   |
| Have you ever used, or been known by another name?  | Yes / No   | <b>Previous Name:</b> |   |
|   |  | <b>Type of Name:</b>  | Legal Name / Name at Birth / Name before Marriage |
| Date of Birth DD/MM/YYYY:                           |  |                       |   |
| Gender:   |  |                       |   |
| Preferred Pronoun: (select /circle)                 |  |                       |   |
| Centrelink Number (CRN):                            |  |                       |   |
| Aboriginal or Torres Strait Islander?               |  |                       |   |
| Country of birth:                                   |  |                       |   |
| Is the child an Australian Citizen?                 |  |                       |   |
| Is the child a permanent resident of Australia?     |  |                       |   |
| Are you a NZ citizen?                               |  |                       |   |
| Have you applied for a family member before?        |  |                       |   |
| Are any family members currently NDIS participants? |  |                       |   |
| Who does the child live with?                       | Please list the names and relationship to the child below: |                       |   |
| Name:   |  | Relationship:         |   |
| Name:   |  | Relationship:         |   |
| Name:   |  | Relationship:         |   |
| Name:   |  | Relationship:         |   |
| Name:   |  | Relationship:         |   |

## Family or carer details

|   |                    |   |            |
|---|--------------------|---|------------|
| <b>Family or carer 1 details</b>                  |                    | Please complete all sections below            |            |
| Family or carer 1 full name:                      |                    |   |            |
| Have you ever used or been known by another name? | Yes / No           | <b>Previous Name:</b><br><b>Type of Name:</b> |            |
| Date of Birth DD/MM/YYYY:                         |                    |   |            |
| Gender:   |                    |   |            |
| Preferred Pronoun: (circle)                       |                    |   |            |
| Centrelink Number (CRN):                          |                    |   |            |
| Relationship to child?                            |                    |   |            |
| Aboriginal or Torres Strait Islander?             |                    |   |            |
| Country of birth:                                 |                    |   |            |
| Are you an Australian Citizen?                    |                    |   |            |
| Are you a permanent resident of Australia?        |                    |   |            |
| Visa Number, if applicable:                       |                    |   |            |
| Are you a NZ citizen?                             |                    |   |            |
| Home address:                                     |                    |   |            |
| Postal address:                                   |                    |   |            |
| Contact number:                                   | Mobile:            |   | Home/Work: |
| Email:  |                    |   |            |
| Preferred contact method:                         |                    |   |            |
| Preferred language:                               |                    | Do you require an Interpreter?                |            |
| Contactable for Survey?                           | Please Select one: |   |            |

## Family or carer details

|  |                    |   |  |
|--|--------------------|---|--|
| <b>Family or carer 2 details</b>                   |                    | Please complete all sections below  |  |
| Family or carer 2 full name:                       |                    |   |  |
| Have you ever used, or been known by another name? | Yes / No           | <b>Previous Name:</b><br><b>Type of Name:</b> Legal Name / Name at Birth / Name before Marriage |  |
| Date of Birth DD/MM/YYYY:                          |                    |   |  |
| Gender:  |                    |   |  |
| Preferred Pronoun: (circle)                        |                    |   |  |
| Centrelink Number (CRN):                           |                    |   |  |
| Relationship to child?                             |                    |   |  |
| Aboriginal or Torres Strait Islander?              |                    |   |  |
| Country of birth:                                  |                    |   |  |
| Are you an Australian Citizen?                     |                    |   |  |
| Are you a permanent resident of Australia?         |                    |   |  |
| Visa Number, if applicable:                        |                    |   |  |
| Are you a NZ citizen?                              |                    |   |  |
| Home address:                                      |                    |   |  |
| Postal address:                                    |                    |   |  |
| Contact number:                                    | Mobile:            | Home/Work:  |  |
| Email:   |                    |   |  |
| Preferred contact method:                          |                    |   |  |
| Preferred language:                                |                    | Do you require an Interpreter?  |  |
| Contactable for Survey?                            | Please Select one: |   |  |

|  |                                    |
|--|------------------------------------|
| <b>Additional details Documentation details</b>  | Please complete all sections below |
| Custody or court orders<br>Is there an existing parenting, custody or guardianship arrangement for the child?<br>If "yes" please attach them to this form when submitting it |                                    |
| Has your child had any assessments or diagnoses?<br>If yes, please provide details or attach reports.  |                                    |
| Is your child undergoing assessment for developmental delay or disability? or on a waitlist for assessment or diagnosis?   |                                    |
| Additional information (for example: upcoming appointments/assessment dates, recent hospitalisation, starting school soon etc.)  |                                    |
| <hr/> Does your child attend school/Daycare?<br><br>School daycare details:  |                                    |

## Other services in place or previously accessed

|   |                                    |
|---|------------------------------------|
| <b>Service 1 details</b>  | Please complete all sections below |
| <b>Name:</b>  |                                    |
| <b>Profession:</b>  |                                    |
| <b>Contact details</b> (including organisation name):   |                                    |
| <b>Consent:</b><br>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? |                                    |
| <b>Service 2 details</b>  | Please complete all sections below |
| <b>Name:</b>  |                                    |
| <b>Profession:</b>  |                                    |
| <b>Contact details</b> (including organisation name):   |                                    |
| <b>Consent:</b><br>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? |                                    |

|   |                                    |
|---|------------------------------------|
| <b>Service 3 details</b>  | Please complete all sections below |
| <b>Name:</b>  |                                    |
| <b>Profession:</b>  |                                    |
| <b>Contact details</b> (including organisation name):   |                                    |
| <b>Consent:</b><br>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? |                                    |
| <b>Service 4 details</b>  | Please complete all sections below |
| <b>Name:</b>  |                                    |
| <b>Profession:</b>  |                                    |
| <b>Contact details</b> (including organisation name):   |                                    |
| <b>Consent:</b><br>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? |                                    |



## Current concerns in areas of major life activity

| <b>Areas of major life activity</b>   | <b>Current Concerns and Impact on Function</b><br>Provide details below <b>or</b> attach any relevant reports. |
|---|--|
| <p><b>Self-Care:</b></p> <p>For example, how they bathe, dress themselves, eat, drink, use the toilet and sleep.</p>  |  |
| <p><b>Receptive and Expressive Language:</b></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> |  |

| <b>Areas of major life activity</b>  | <b>Current Concerns and Impact on Function</b><br>Provide details below <b>or</b> attach any relevant reports. |
|--|--|
| <p><b>Cognitive Development:</b></p> <p>For example, “emotional development” including emotion regulation. 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><b>Motor Development:</b></p> <p>For example, how they move around their home and community such as walking, running, and crawling. It could also include information about how they pick up and use their hands to play with different objects.</p>                            |  |

## 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 |
|-------------------------------|------------------------------------|
| Contact person:               |                                    |
| Signature                     |                                    |
| Date DD/MM/YYYY:              |                                    |
| Organisation making referral: |                                    |
| 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 |     |    |
|--|-----|----|
| Please Select  | YES | NO |

## Parent or carer consent

| By signing this form  |
|---|
| <ul style="list-style-type: none"> <li>I have read and understood the General Information and the Important Privacy Information provided with this information form.</li> </ul>   |
| <ul style="list-style-type: none"> <li>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 Privacy Policy.</li> </ul>   |
| <ul style="list-style-type: none"> <li>I have carefully read all the information provided in the referral form and confirm that it is accurate, complete, and up to date</li> </ul>   |
| <ul style="list-style-type: none"> <li>I consent to Wanslea 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.</li> </ul>  |
| <ul style="list-style-type: none"> <li>I understand that I may withdraw consent to receive support from an early childhood partner at any time.</li> </ul>  |
| <ul style="list-style-type: none"> <li>I give permission to contact the professional completing or assisting with this information form (if any).</li> </ul>  |
| <ul style="list-style-type: none"> <li>I consent to the NDIA collecting age and residence information from Centrelink using my Customer Reference Number (CRN)</li> </ul>   |
| <ul style="list-style-type: none"> <li>I consent to the NDIA collecting, using, and disclosing my personal and sensitive information for the above purposes, including to verify my identity with the document issuer or official record holder via third party systems, and in accordance with our Privacy Policy</li> </ul> |

**Please complete your details**

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

**Please include the below documents when sending in your referral**

| Checklist                            | Tick if Included |
|--------------------------------------|------------------|
| • Visa information if applicable     |                  |
| • Therapy reports if available       |                  |
| • Diagnostic Reports if applicable   |                  |
| • School Reports if applicable       |                  |
| • Custody/court orders if applicable |                  |
| • Sign the referral form             |                  |

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## Privacy Policy

### Wanslea ECA Privacy Policy Philosophy

Wanslea is the ECA partner with the NDIS in Metropolitan Perth, South West, Great Southern and Inner Wheatbelt. Wanslea values the privacy of every individual and is committed to protecting all personal and health information, including information collected through the ECA referral form.

### Purpose

To protect your privacy.

### Policy

Wanslea ECA collects personal information and health information through the referral form that is necessary to access ECA supports. ECA may also contact you (as parent/guardian/carer) and other services and supports listed on this form to collect further information about your child or to clarify information provided on this form.

### Privacy and Consent to use your information that is collected by ECA with the NDIA

The information shared with the NDIA is not part of making a request to become a participant of the NDIS and will not guarantee that your child will become a participant in the NDIS. ECA will use the personal and health information provided on this form to support your child's plan for ECA and/or NDIS service delivery.

If ECA refers your child to a provider or assists you to submit an Access Request Form with the NDIS, we will provide a copy of this form to the NDIS and any supporting documentation. This will enable the NDIS to accurately assess services that your child requires, including access to the NDIS. Information provided to the NDIA will help to best fund and continually improve ECA supports – no identifying information will be used.

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

- To the National Disability Insurance Agency, to facilitate entry into, or to access supports in accordance with, the NDIS.
- For research and statistical purposes. In these circumstances, any identifying information is removed to ensure that their personal and health information is protected.
- ECA Practitioner to assist in transfer of information from ECA services.

Use and disclosure of the personal information and health information provided on this form to any party listed above will otherwise only occur if permitted by law. In some instances,

Wanslea may be compelled by other laws to disclose information held about the child to other bodies such as regulatory authority, law enforcement, court or tribunal.

If you do not provide all or some of the information requested on this form, or consent to the sharing of this information with the NDIA processing of the application may be delayed and/or

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your child may be assessed as ineligible, for ECA including the NDIA being unable to provide the kinds of supports you/your child need to reach, your/their goals or determine the most appropriate general supports for you and/or your child.

### **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 Wanslea.

You can contact the ECA Manager on 1300 969 645 or [NDIS@Wanslea.org.au](mailto:NDIS@Wanslea.org.au), who will help answer questions you may have and will assess your application by using the criteria in Wanslea Client Confidentiality and Privacy Policy. They will consult with you to clarify your request and decide whether documents can be released in full or are exempt or partially exempt.

### **Storage of personal and health information**

Information collected about your child will be stored securely on databases administered by Wanslea/NDIS. Only authorised personnel will have access to the information stored on the database.

More information about the NDIA's collection, use, disclosure, and storage of your/your child's personal information can be accessed at the NDIA's website which includes the NDIA's Privacy Policy at [WWW.ndis.gov.au/privacy](http://WWW.ndis.gov.au/privacy).