



Early Links

Inclusion Support Service

19 Galway Bay Drive, Ashtonfield, NSW 2323

phone 02 4934 3773 fax 02 4934 3703

email admin@earlylinks.org.au

Request For Service Form *including*

Early Childhood Early Intervention (ECEI) Transition Pathway to NDIS

Child's Name: _____ D.O.B _____

Parent/Guardian Name(s): _____

Primary Contact (correspondence nominee): _____ D.O.B _____

Address: _____ Postcode: _____

Phone: _____ (h) _____ (w) _____ (m)

Email: _____

Summary of concerns that have initiated this referral. Please attach all relevant information including dates of appointments and reports from specialists/therapists.

Are you currently applying to another ECEI Provider for transition support for your child?
Yes / No

Please give details:

Does your child already have a diagnosis? **Yes / No**

Please give details and attach relevant documentation:

List any other agencies involved with your child e.g. speech therapy, occupational therapy, paediatrician, medical professionals, another early intervention service such as Prelude / Samaritans.

Have you applied to NDIS for support for your child? **Yes / No**

If yes please give details:

Has your child been deemed eligible for NDIS: _____ Date of eligibility: _____

NDIS Number (if known): _____

If not. Have you submitted an application to NDIS (an Access Request Form) **Yes / No**

Does your child attend preschool/childcare/school? **Yes / No**

Please give details:

Name of Service: _____ Phone no: _____

Expected year of school entry: _____

Conditions of service

- Early Links gives priority to children with the highest needs, based on the information that is provided.
- Early Links staff will visit children in their community settings, including Early Childhood Centres/schools and the home.
- Where relevant Early Links will assist families to access services that are appropriate to meet their child's needs
- Early Links will need to share information with the referring service and may need to contact any of the agencies named above.
- Play-based observations may be carried out by Early Links staff to gain a better picture of the child's needs.

I agree to the above conditions:

Parent/Guardian signature: _____ Date: _____

I have included copies of all relevant reports.

OR

Phone Request **Yes / No**

Permission to contact centre/school granted **Yes / No**