

ISA 1 Permission between Child Care Service and Parent/Guardian

– Barwon ISA



We have requested support from the Barwon Inclusion Support Agency (ISA). The ISA is an initiative of the Inclusion and Professional Support Program (IPSP), funded by the Australian Government Department of Education, Employment and Workplace Relations (DEEWR) and managed from 1 January 2013 in the Barwon region by KU Children's Services.

The Inclusion Support Agency supports educators in eligible child care services with the inclusion of all children, including those with additional needs. An Inclusion Support Facilitator (ISF) will visit our service and support us to develop strategies that will assist your child's participation in the program.

Name of Service: _____

Child's Name: _____ Date of Birth: _____

PERMISSION

- ▶ I/we give permission for an Inclusion Support Facilitator to visit and observe my/our child at the service.
- ▶ I/we give permission for an Inclusion Support Facilitator to liaise with the educators regarding my/our child.
- ▶ I/we give permission for the release of information regarding my/our child to the Barwon Inclusion Support Agency.
- ▶ I/we give permission for the ISA team to receive relevant information from other services/agencies that are supporting the care and education of my/our child.
- ▶ I/we give permission for the ISA team to provide information about my/our child to IPSP partners and DEEWR if required, e.g. Bicultural Support Pool, Specialist Equipment Pool, National Inclusion Support Subsidy Provider
- ▶ I/we understand that all information will be used only for the purposes of assisting the educators with the inclusion of my/our child within the program.
- ▶ I am/we are aware that provision of this information is voluntary and that it will be stored securely.

PARENT/GUARDIAN DETAILS

Parent/Guardian 1: _____	Parent/Guardian 2 (optional): _____
Full Name: _____	Full Name: _____
Signature: _____	Signature: _____
Relationship to Child: _____	Relationship to Child: _____
Date: _____	Date: _____

Permission Form to be sighted by ISA Representative and retained by child care service. Completed form can be emailed to ku.barwonisa@ku.com.au or faxed to 03 5222 6034

CONFIDENTIALITY AND PRIVACY

KU Children's Services is bound by both State and Commonwealth legislation to protect the privacy of children and families. KU's Privacy Policy can be found online at www.ku.com.au. Any information that is provided will only be used for the purpose of assisting the service to plan for your child's inclusion within the program.

The Inclusion and Professional Support Program is funded by the Australian Government Department of Education, Employment and Workplace Relations.

