Guidelines, information and application kit

Kindergarten Inclusion Support (KIS) Program: Specialised Equipment Program (SEP) Loan Request Application



The Kindergarten Inclusion Support (KIS) Program Specialised Equipment Program (SEP) enables the greater inclusion of children with a significant disability to participate in a Victorian Government funded kindergarten service.

Specialised equipment under KIS SEP is available for loan at no cost to approved Victorian Government funded kindergarten programs, to support children with significant disabilities.

A loan request application can be made to the Administering Organisation at any point during the kindergarten year.

The Administering Organisation is Yooralla.

This request is subject to approval in line with the KIS SEP Guidelines and the suitability and availability of requested equipment.

The authorised person of the kindergarten service is responsible for completing and submitting this form along with relevant supporting documentation to:

Email: [KISSpecialistEquipment@yooralla.com.au](mailto:KISSpecialistEquipment@yooralla.com.au)

*Please tick (✓) correct box*

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| **KINDERGARTEN SERVICE DETAILS** | | | | | |
| **Kindergarten name** |  | | | | |
| **Service approval number** | *The service approval number is a unique number given to an approved education and care service. If you do not know the Service Approval Number, you can find it by searching for the service name in the ACECQA National Register:* [*https://www.acecqa.gov.au/resources/national-registers*](https://www.acecqa.gov.au/resources/national-registers)*. The Service Approval Number begins with SE- followed by digits (e.g. SE-00001234)* | | | | |
| **Provider approval number** | *The provider approval number is a unique number given to an approved provider of an education and care service or services.  If you do not know the Provider Approval Number, you can find it by searching for the provider name in the ACECQA National Register:* [*https://www.acecqa.gov.au/resources/national-registers*](https://www.acecqa.gov.au/resources/national-registers) *The Provider Approval Number begins with PR- followed by digits (e.g. PR-00001234)* | | | | |
| **Address** |  | | | | |
| **Suburb** |  | | | **Postcode** |  |
| **Authorised person** |  | | | | |
| **Position** |  | | | | |
| **Phone** |  | **Mobile** |  | | |
| **Email** |  | | | | |
| **Service setting** | Stand-alone  Long Day Care  School site | | | | |
| **Program type** | Three-year-old kindergarten  Four-year-old kindergarten  Second year four-year-old kindergarten  Early Start Kindergarten | | | | |
| **Delivery address**  ***If different to above*** |  | | | | |

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| **EARLY YEARS MANAGEMENT (EYM) DETAILS** | |
| **Is the kindergarten managed by an EYM?**  Yes  No  *If yes, complete below* | |
| **Name of EYM authorised officer** |  |
| **Organisation** |  |
| **Phone** |  |
| **Email** |  |

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| **CHILD’S DETAILS** | | | |
| **Child’s first name** |  | **Child’s surname** |  |
| **Date of birth** |  | Male  Female | |
| **Disability diagnosis** *(Please attach confirmation of disability)* | | | |
| **Is the kindergarten service supported through the KIS Program?** | Yes  No | | |

***This section is to be completed by the child’s therapist***

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| **THERAPIST’S DETAILS** | |
| **Name** |  |
| **Organisation** |  |
| **Qualification** | Physiotherapist  Occupational Therapist |
| **Phone** |  |
| **Email** |  |

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| **SPECIALISED EQUIPMENT REQUESTED** | **SPECIFICATIONS OF EQUIPMENT**  **(Model, size, specification, accessories required)** |
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| **BACKGROUND** **INFORMATION** |
| **Describe the child’s abilities and functional status** |

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| **How does the equipment applied for assist in supporting the inclusion of the child with a significant disability into the kindergarten program?** |
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| **How does the equipment fit into the kindergarten environment and what procedures has the kindergarten service developed to store and maintain the equipment?** |
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| **THERAPIST PRESCRIBING SPECIALISED EQUIPMENT TO BE USED BY THE CHILD** | | | |
| **Name** |  | **Signature** |  |
| **Date** |  | | |

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| **KINDERGARTEN SERVICE AUTHORISATION** | | | |
| **Authorised person** |  | | |
| **Signature** |  | **Date** |  |

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| **EARLY YEARS MANAGEMENT (EYM) AUTHORISATION** | | | |
| **Name of EYM authorised person** |  | | |
| **Signature** |  | **Date** |  |

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| **PARENT/GUARDIAN/CARER CONSENT FOR SPECIALISED EQUIPMENT FOR USE BY THEIR CHILD** | | | |
| **Name of parent/guardian/**  **carer** |  | **Signature** |  |
| **Date** |  | | |

## Privacy Declaration and Approval by Parents/ Guardians/ CarerS

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| Privacy Notice for Parents / Guardians / Carers\* Please read this notice before you complete the application form. You are encouraged to keep this information.  The Department of Education (the Department) will protect your privacy along with the confidentiality and security of personal information you have provided. We comply with the *Privacy and Data Protection Act 2014*, the *Health Records Act 2001* and other relevant Acts.  ***Why do we ask you for information?***  We collect personal information when a kindergarten service applies for KIS SEP to enable the inclusion of a child with a significant disability to participate in a Victorian Government funded kindergarten service. This information is collected by the Administering Organisation to clarify:   * eligibility of the application * the support needs of the child identified in the loan request application * the specialised equipment identified as required by the kindergarten service.   Information about your child is collected from you to assist the Administering Organisation to make an informed decision about eligibility for KIS SEP. The Administering Organisation maintains the information and provides the information to the Department.  The Administering Organisation is: Yooralla  ***Disclosure of information***  Some information, which does not identify individual children, is used to:   * analyse and report the performance of the program within, and to, the Victorian Government. * analyse and improve Department-funded programs for children with disabilities.   ***Security and retention of information***  All information about your child is kept secure and confidential. We respect your right to privacy and will only release information about your child with your written consent. However, there are times when we are required by law to disclose information about your child. In most circumstances we will let you know if we are required to do this. All Department staff handling information are required by law to respect your privacy. Any information that is not required will be destroyed.  ***Accessing information***  A copy of your application is kept at the administering organisation’s office. This can be made available to you on request. Please refer to*: KIS SEP Guidelines, Information and Loan Request Application Kit.*  ***If you choose not to tell us something***  If you choose not to tell us something that we need to know to make decisions about supports for your child, we may be unable to provide your child’s kindergarten with the support they seek. |

\* Any of the following people can sign the Privacy Declaration:

* a person with parental responsibility for ‘major long term issues’ as defined by the *Family law Act 1975* (Cth)
* an officer delegated to exercise the powers and functions of the Secretary of the Department of Health and Human Services under sections175(1)(b).(2) & (3) of the *Children,* *Youth and Families Act 2005* (*Vic)*.
* a carer authorised under a  Department of Health and Human Services Instrument of Authorisation to make decisions about ‘major long term issues’ as defined by the Family Law Act 1975 (Cth)

If none of the above people are available, an informal carer may sign this form. An informal carer is a relative or other responsible adult with whom the child lives and who has day to day care of the child. Informal carers should sign an ‘Informal Carer Statutory Declaration’ to confirm their status. This is available at <http://www.education.vic.gov.au/Documents/school/principals/spag/safety/informalcarerstatdec.pdf>

#### Parent/guardian/carer CONSENT

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| I have read all the information I have provided in this form, including any reports attached about my child, and I confirm the information is correct and up to date. |
| I consent to share information in this application with the people listed in this loan request application. |
| I consent to this application being made by the kindergarten service to assist the access and participation of my child at kindergarten. |
| I have read and understood the Privacy Notice and I understand how my child’s personal and health information will be collected, used and disclosed. |

*By signing below, I agree with the above statements*

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| Title | Mr 🞏 Mrs 🞏 Ms 🞏 | Name |  |
| Signature |  | Date |  |