

This program has been provided by the Department of Education as part of the Early Childhood Education Sector Development Program.

BICULTURAL SUPPORT REQUEST FORM (Preschools)

PRESCHOOL DETAILS

Preschool Name:

Address:

Suburb: **Postcode:**

Contact Person:

Phone:

Email:

Days/Time requested:

REQUEST DETAILS (complete as applicable)

Child's first name: **Child's last name:**

Date of birth: **Gender:** Male Female

Parent/Guardian name(s):

Parent/Guardian permission: Oral Written

Parent/Guardian signature:

Number of Children for whom support is required:

BICULTURAL SUPPORT REQUEST FORM

Do any of the children needing support/care have additional needs?

Cultural background(s):

Language(s) spoken:

Identified need/reasons for request: (eg. settling in & transitions, language support, addressing cultural inclusivity of service, cultural awareness & diversity programming).

Other relevant information to support the request: (eg, current strategies and goals in place).

SERVICE REQUEST INFORMATION

Name of person authorising request:

Signature:

Date:

OFFICE USE ONLY
THIS SECTION IS TO BE COMPLETED BY BICULTURAL SUPPORT

Request Number: _____

Date Received: _____

| | |
|---|--|
| Worker Allocated: | |
| Address: | |
| Phone/Mobile: | |
| Total hours Allocated: | |
| Dates Allocated: | |
| Times: | |
| Bicultural Support PO & Follow up details: | |

Return your completed form to Bicultural Support

Fax: (02) 9550 9829

Email: biculturalsupport@ecsc.org.au