

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:

### ADDITIONAL INFORMATION

Total number of children enrolled in your service:

Cultural backgrounds of children represented in your service:

No of children identifying from Aboriginal/Torres Strait Islands background:

Have you previously accessed the Preschool Bicultural Support Program?  Yes  No

### REQUEST DETAILS (complete as applicable)

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

Date of birth:  Gender:  Male  Female

Parent/Guardian name(s):

**BICULTURAL SUPPORT REQUEST FORM**

Parent/  
Guardian  
permission:  Oral  
 Written

Parent/  
Guardian  
signature:

Number of children for  
whom support is  
required:

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 and  
transitions, language  
support, addressing cultural  
inclusivity of service,  
cultural awareness and  
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 and follow up details:

**Return your completed form to Bicultural Support**  
**Fax: (02) 9550 9829**  
**Email: [biculturalsupport@ecsc.org.au](mailto:biculturalsupport@ecsc.org.au)**