

Date Received:

INCLUSION SUPPORT SUBSIDY (ISS) Application Form for Centre Based Care Services

State/Territory:

Region Name & No.:

Service Name:

ISF Name:

Application Information

Please refer to the ISS Application Guide – Centre Based Care Services.

It is the responsibility of the Child Care Service, in consultation with the Inclusion Support Facilitator (ISF), to complete all Parts of the Application in line with the IPSP Guidelines. Child Care Services are responsible for forwarding the completed Application to the National ISS Provider (NISSP) for assessment. If you have any questions please contact your Inclusion Support Agency and/or your ISF. **One application must be submitted per care environment. Please complete and submit a PART C for each child where a request for support is being made for multiple children within the one care environment.**

Care Environment

Age Setting: Care Type for this Application: e.g. ASC, BSC, LDC

Number of children for whom ISS support is being requested in this Application:

Date Application sent to National ISS Provider:

Additional Explanatory Notes:

ISS Claim for Payment Information

All ISS payments are made in arrears to Child Care Services. The Child Care Service must provide a completed **Claim for Payment Form** and an **Attendance Record** to the National ISS Provider **within 60 days** of the claim period ending. If a Claim for Payment is not received within 60 days no payment will be made.

Contact Details for Further Information

Further information is available on the NISSP website www.ku.com.au. You can also contact the National ISS Provider toll free on **1800 824 955**.

If you are in the ACT, NSW, SA, VIC or WA:
KU National ISS Provider
Box Q132 QVB Post Office
SYDNEY NSW 1230
 Email issinfo@ku.com.au

If you are in the NT, QLD or TAS:
ICS National ISS Provider Team
PO Box 475
CORRIMAL NSW 2518
 Email iss@ics.org.au

General information on the Inclusion and Professional Support Program is available on the DEEWR website at <http://www.deewr.gov.au>

PART A

CHILD CARE SERVICE DETAILS

Service Details

Name of Service: (as registered for Child Care Benefit)

CCB Approval ID: (from Child Care Benefit Notification)

ASGC/ARIA+ Classification: (if applicable)

Service Type:

- Long Day Care (LDC)
- Flexible/Innovative Services
- Multifunctional Aboriginal Children's Services (MACS)
- Before School Care (BSC)
- After School Care (ASC)
- Vacation Care (VAC)
- Occasional Care (OCC)
- Mobile Services
- Other _____

Number of currently utilised Child Care Places for each day:

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Details

Service Location Address:

State/Territory:

Postcode:

Service Postal Address:

State/Territory:

Postcode:

Service Telephone Number:

()

Service Fax Number:

()

Name of Service Director/Coordinator:

Company Name:

Name of Service Owner:

PART B The Care Environment Profile Please complete for ALL days the service is in operation		Mon	Tue	Wed	Thu	Fri	Sat	Sun
1. Staff:Child Ratio List the number of staff for each day (excluding additional staff) and list the total number of enrolled children in the care environment e.g. 3:20								
2. Number of additional staff currently in this care environment	Subsidised by the Inclusion Support Subsidy							
	Subsidised by Flexible Support Funding (FSF) FSF end date/s: _____							
	Subsidised by other, e.g. Bicultural Support Please specify: _____							
3. Number of children from the IPSP priority groups currently enrolled in the care environment	Children with a disability, including children with high support needs							
	Children from culturally and linguistically diverse (CALD) backgrounds							
	Children with a refugee or humanitarian intervention background							
	Indigenous children							

PART B *continued*
The Care Environment Profile

4. Outline how the increased staff:child ratio will support the staff team to include the child and provide a more inclusive quality care environment for all children.

Describe the strategies and approaches the staff team will use to:

- (a) Include the child/ren with ongoing high support needs **and**
- (b) Include all children

Refer to different times of the day, such as routines and transitions, group times, indoor and outdoor play times and so on.

When writing your response consider your Service Support Plan (SSP). Indicate how an increased staff:child ratio will support staff to implement any relevant Action Plans in your SSP.

5. If more than one child with ongoing high support needs is being included in the care environment a Shared Care Arrangement must be considered.

If you are applying for more than one Additional Educator in the care environment please explain why this level of support is required. Outline the specific issues in relation to:

- (1) the children and
- (2) the care environment

that means more than one Additional Educator is required in the care environment to successfully include the child/ren.

PART C

CHILD'S DETAILS AND ISS SUPPORT REQUESTED

Please provide a PART C for each child where a request for support is being made.

Child's Details

Child's Given Name(s):

Child's Surname:

Child's Sex:

Male Female

Child's Date of Birth:

Child's CRN:

CCMS Enrolment ID:

Eligibility Status

The Child:

- has a diagnosed disability and/or is undergoing continuous assessment of a disability
- is from a refugee or humanitarian intervention background

If the child has a diagnosed disability, description of the disability:

Priority Group Status

The Child: (More than 1 box may be marked)

- has a disability/ high support needs
- is from a refugee or humanitarian intervention background
- is from a culturally and linguistically diverse background
- is Indigenous

ISS Support Select One Only

New Application

(Child has no current ISS Approval)

Increase in ISS Support

(Additional ISS hours being requested)

Renewal of ISS Support

(Current approval period is ending)

Change of Service Ownership

Change of Care Environment

(Child changes care environment within the service)

Pupil Free Days/Hours applied for in this Application (for Vacation Care & OSHC only)

Number of Days

X

Number of Hours per Day

Child Profile

Provide information which may have an impact on the child's inclusion in the care environment such as the child's language and cultural background, strengths, interests, needs and family situation:

PART D

ISS SUPPORT TIMETABLE: CENTRE BASED CARE SERVICES

Date this grid commences: / /

This Timetable should reflect ALL eligible children in the care environment.
If child/ren's normal attendance pattern differs from week to week, please complete a new PART D for each of these weeks.
You may use multiple copies of this Timetable if necessary.

- If the child's request is new, please tick **'New'**.
- For child/ren whose current approval is ending and a continuation of funding is required, please tick **'Renewal'**.
- For child/ren where an increase in ISS is required, please tick **'Increase'**.
- For child/ren whose application has not yet been assessed by the NISSP, please tick **'Pending approval'**.
- For child/ren with a current ISS approval and no new request is required, please tick **'Currently approved'**.
- For child/ren where a service has changed ownership, please tick **'Change of Ownership'**.

Note: Where there is more than one child with ongoing high support needs in a care environment, a **Shared Care Arrangement (SCA)** must be explored. In a **SCA**, even where the care environment is able to include an eligible child without additional hours, an Application Form must be submitted.

When requesting a SCA, or a SCA is already in place, write "SCA" beside the ISS requested number of hours for each day and each child e.g. 5 SCA	Mon	Tue	Wed	Thu	Fri	Sat	Sun	TOTAL NUMBER of ISS HOURS
Child's Name: _____	New	Renewal	Increase	Pending approval	Currently approved	Change of Ownership		<i>Office Use Only</i>
Times of Attendance (e.g. 8 am to 5 pm):								
ISS Requested or Approved Hours (e.g. 5):								
Child's Name: _____	New	Renewal	Increase	Pending approval	Currently approved	Change of Ownership		
Times of Attendance (e.g. 8 am to 5 pm):								
ISS Requested or Approved Hours (e.g. 5):								
Child's Name: _____	New	Renewal	Increase	Pending approval	Currently approved	Change of Ownership		
Times of Attendance (e.g. 8 am to 5 pm):								
ISS Requested or Approved Hours (e.g. 5):								
Child's Name: _____	New	Renewal	Increase	Pending approval	Currently approved	Change of Ownership		
Times of Attendance (e.g. 8am to 5pm):								
ISS Requested or Approved Hours (e.g. 5):								
Child's Name: _____	New	Renewal	Increase	Pending approval	Currently approved	Change of Ownership		
Times of Attendance (e.g. 8 am to 5 pm):								
ISS Requested or Approved Hours (e.g. 5):								

CONDITIONS OF FUNDING AGREEMENT

I/We agree (as the person or body operating the child care service) that this service will meet all requirements of the Inclusion and Professional Support Program Guidelines 2009-2012 (the Guidelines).

When approved for the Inclusion Support Subsidy I/we agree to:

1. Support educators/carers to provide appropriate care for the child.
2. Operate the service in accordance with the current version of the Guidelines which may be amended from time to time.
3. Promote the development and adoption of practices which facilitate the inclusion of children with ongoing high support needs into eligible child care as per the Guidelines.
4. Use the funding only for the purposes for which it has been approved as stated in the Approval Letter sent by the National ISS Provider (NISSP).
5. Provide support to all educators/carers involved in the inclusion process.
6. Train educators/carers with a view to implementing developmentally and culturally appropriate programs and practices.
7. Provide information on the operation of the service and its users as requested by the NISSP and the Department of Education, Employment and Workplace Relations (DEEWR).
8. Certify information provided in ISS applications only where it is complete and correct.
9. Advise the NISSP in writing of any intention to cease operation of the service or enter into a contract of sale of the service/premises;
10. Advise the NISSP in writing should the child cease to attend the service.
11. Keep the information regarding the child confidential except where certain information is required to be disclosed where applicable and there is lawful authority to do so.
12. Certify Service Support Plans (SSPs) in order to support an application for the Inclusion Support Subsidy in respect of a child or children with ongoing high support needs.
13. Attach appropriate supporting documentation with all ISS applications.

Please Note:

In PART F, the Acknowledgement, you will be required to sign that you have read these Conditions of Funding and agree to abide by them.

PART F

ACKNOWLEDGEMENT

Child Care Service

I, the undersigned, confirm that I have read the Conditions of Funding Agreement in Part E and agree to abide by these conditions. I submit this Application Form with the belief that the information contained within this document and the attachments as listed is true and correct.

Completed Application Checklist

- Current Documentary Evidence for each child where a request for support is being made
- Part C for each child where a request for support is being made
- Service Support Plan/s (SSP) *For Renewal Applications also include previous SSP for the care environment*

Name of Child Care Service:

Service Email Address:

Name of Authorised Officer of the Child Care Service:

Signature:

Date:

Inclusion Support Facilitator Details

I, the undersigned, have participated in the completion of this Application Form and I endorse the service's application for the Inclusion Support Subsidy.

Name of Inclusion Support Agency (ISA) and Region:

Name of Inclusion Support Facilitator (ISF):

Signature:

Date:

ISF Contact Number/s:

ISF Email Address:

Email Address for ISA notification of Application outcome:

ISA Team Leader
Optional

I, the undersigned, have sighted the completed Application Form.

Name of Inclusion Support Agency (ISA) Team Leader:

Signature:

Date: