Pages 1-4 of this document provide services with a step-by-step guide to completing the Bilingual Support Project Application Form. Services must refer to this guide when completing their application. The application form is located on pages 5-7.

**Application Guide**

**Application Details**

* Add the relevant service, IS Case ID and IP details.
* Urgent should only be chosen if a child’s enrolment or continued attendance is dependent on the ability of the service to access Innovative Solutions Support.
* Choose a cohort/group of children from the dropdown list provided.
* Identify the number of Care Environments that will be involved in the Project
* Identify how many educators will be participating in the Project

**Barriers, Solutions and Outcomes**

* **Barriers**

What are the Barriers that this Project will address for children?

* Your response to this question needs to describe the specific Barriers to inclusion this Project will target for the cohort/group of children identified.

What is the impact of these Barriers for children?

* Your response should clearly describe what is happening, for the cohort/group of children identified, in the care environment/s
* What have educators noticed occurring in the care environment that prevents child/ren from engaging in experiences, routines and/or interaction with peers?
* What is happening within the service that may be hindering child/ren's active engagement?

Describe the Barriers to Inclusion this Project will target for educators?

* Your response to this question needs to describe the specific Barriers to inclusion this project will target for educators.

What is the impact of these Barriers for educators?

* Describe how the Barriers to inclusion are impacting educators and their ability to be inclusive. Your response to this question should demonstrate the need for support you are applying for.
* **Solutions**

What has already been done to try and address these Barriers?

* **Briefly list any actions that have already been taken to address the Barriers identified
* Describe the outcomes experienced as a result of these actions.
* Outline why further support is now needed.

How will Bilingual Support help to address the identified Barriers?

* Outline why Bilingual Support is the best option of support for the service.
* Briefly explain how Bilingual Support will address the Barriers.
* If applying for a Bilingual Support Facilitator, explain what they will do in their role.
* **Outcomes**

Describe the outcomes you aim to achieve through implementing this Project. The outcomes should be specific to the service and the Barriers that have been identified, showing how the Project will lead to the genuine inclusion of children that the Project is seeking to support.

What are the intended outcomes of the Project for children?

A picture containing water, shore

Description automatically generatedConsider:

* What will be different if the Barriers for the child/ren are addressed?
* How will the Project lead to the child/ren’s increased participation in the program.
* How will the project support the child/ren to be included?
* What will change or be different?

What are the intended outcomes of the Project for educators?

Consider:

* What new skills, knowledge and information will educators have the opportunity to gain?
* How will the project assist educators to become more inclusive?
* What else will change or be different?

**Project Details**

* **Support Provider**

Who is the Support Provider for this project?

* Provide the name of the company, agency or private provider who will provide the Bilingual support to your service.
* Provide the name of the specific person who will be supporting the service with this Project (if known)

Why have you chosen them?

* Briefly explain your rationale for choosing this Support Provider. This may include factors such as value for money, availability of the service, their experience and/or expertise.

What skills, expertise, and qualifications do they have that make them a suitable provider to facilitate a Bilingual Support Project that addresses the services identified Barriers?

* Ask your Support Provider for a statement outlining this information to accompany their quote.
* Ensure their qualifications and skills show their expertise in relation to the Barriers to inclusion identified in your application.
* The details provided can be entered into the text box or
  + If the Support Provider documents this information in their quote or in a written statement, you can state this in your response to this question i.e*. ‘Please see quote or statement attached to IS Case on the IS Portal.’*

**Attendance Patterns**

What is the attendance pattern of the child/ren this Project will support?

* Identify the days the child/ren who will be supported by this Project attend or will attend the service. This will help to determine what level of support is required.

Other/additional information re: attendance pattern If the child/ren’s attendance pattern is unusual in any way (i.e. they do not attend for a full day, they are attending reduced hours/days during an orientation period; their days of attendance are variable) provide this information in the text box provided.

* **Level of Support Required**

**NB:** If the support you are requesting is too complex to outline in this section of the application form, develop, upload and attach a Project Plan to the relevant IS Case on the IS Portal.

* A copy of an Example Project Plan can be accessed [here](https://idfm.org.au/uploads/main/idfm/Innovative-Solutions-projects/Project-Plan-docs/Innovative-Solutions-Supprot-Example-Project-Plan.pdf)
* The Project Plan template can be accessed [here](https://idfm.org.au/uploads/main/idfm/Innovative-Solutions-projects/Project-Plan-docs/Innovative-Solutions-Support-Project-Plan-template.docx)

What level of support are you applying for?

* Identify the duration, frequency and intensity of support required
* If the pattern of support is variable or too complex to outline, attach a Project Plan outlining the support that will be provided over the course of the Project*.*

**A picture containing water, shore

Description automatically generated**Other Support (e.g.: translation of written material, family meetings)

* Provide the details of any other support requirements, including how many hours of support will be required for each component.
* If the Project includes the provision or development of resources, provide an overview of what the resources are and a reason why they are essential to the Project.
* The cost of resources cannot be more than 10% of the total project cost.

Are you applying for more than 12 weeks of support?

For assistance determining *How much support is needed*, refer to the Bilingual Support Project Guide.

* If you are applying for more than 12 weeks of support, an explanation of why this is necessary is required.
* The explanation should clearly relate to the Barriers that have been identified above and show

Are you applying for more than 100 hours of support?

For assistance determining *How much support is needed*, refer to the Bilingual Support Project Guide.

* If you are applying for more than 100 hours of support, an explanation of why this is necessary is required.
* The explanation should clearly relate to the Barriers that have been identified above and show why extended hours are needed.

**Sustainability**

How will you sustain the Project outcomes once the Project is completed?

Innovative Solutions Support aims to generate lasting outcomes. It is expected that services will be able to maintain Project outcomes without the need for high levels of ongoing support. This means that you should have a plan for how your Project will lead to embedded and sustainable changes to your practice that will continue after the Project finishes.

* Your response to this question needs to include actions you will take once a Project is completed to ensure outcomes can be maintained.

**Document Requirements**

* **Required**

Support Provider Quote

* This is an essential requirement for all Bilingual Support Projects.
* When preparing a quote, Support Providers should consult the [Guide for Support Providers](https://idfm.org.au/resources/innovative-solutions-support-projects-guide-for-support-providers) and [Price Guide](https://idfm.org.au/resources/price-guide) to ensure that their quote includes the necessary information.
* ☑ Tick the box to indicate that the Support Provider quote has been obtained, uploaded and attached to the relevant IS Case on the IS Portal.
* **Only required if details have not been provided above in your application**

Support Provider Information

* ☑ Tick the box to indicate that documentation about the Support Providers skills, experience and qualifications has been uploaded and attached to the IS Case on the IS Portal

Project Plan

* A picture containing water, shore

  Description automatically generatedIf the support you are requesting is too complex to show as a part of this application form, develop, upload and attach a Project Plan to the IS Case on the IS Portal.
  + A copy of an Example Project Plan can be accessed [here](https://idfm.org.au/resources/innovative-solutions-support-example-project-plan)
  + The Project Plan template can be accessed [here](https://idfm.org.au/resources/innovative-solutions-support-project-plan-template)
* ☑ Tick the box to indicate that a copy of the competed Project Plan has been upload and attached to the IS Case on the IS Portal

*Complete the application form below and save a copy of this document as a PDF file before uploading to the IS Portal and attaching it to the relevant IS Case.*

**Application Details**

**Service Name:**  Click here to add a service name

**Name of service contact person:**  Click here to add a name

**IS Case ID:**  Click here to add an ID number

**Name of Inclusion Professional:** Click here to add a name

**Type of application:** Routine  Urgent

**Which cohort/group of children with additional needs does this application aim to support?** Click here to choose a cohort/group of children

**How many Care Environments that will be involved in the Project?** Click to add a number

**How many educators will be participating in the Project?** Click here to add a number

**Barriers, Solutions and Outcomes**

* **Barriers**

What are the Barriers this Project will address for children?

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Description automatically generatedClick here to add a response

What is the impact of these Barriers for children?

Click here to add a response

What are the Barriers this Project will address for educators?

Click here to add a response

What is the impact of these Barriers for educators?

Click here to add a response

* **Solutions**

What actions have already been taken to try and address these Barriers?

Click here to add a response

How will Bilingual Support help to address the Barriers identified?

Click here to add a response

* **Outcomes**

What are the intended outcomes of the Project for children?

Click here to add a response

What are the intended outcomes of the Project for Educators?

Click here to add a response

**Project Details**

* **The Support Provider**

Who is the Support Provider for this project?

Click here to identify the Support Provider

Why have you chosen them?

Click here to add a response

What are their skills/expertise/qualifications regarding the provision of Bilingual Support?

Click here to add a response

* **Attendance Patterns**

What is the attendance pattern of the child/ren this Project will support?

M  T  W  Th  F

Other/Additional Information re: attendance pattern:

Click here to add additional information

**A picture containing water, shore

Description automatically generatedProject Plan**

* **Level of Support Required**

What level of support are you applying for?

* Bilingual Facilitator
* Number of weeks support will be provided for: Click here to add a number.
* Days per week support is required: Click here to add a number.
* Hours per day support is required: Click here to add a number.
* Total hours of support requested: Click here to add a number.
* Other Support(e.g.: translation of written material, family meetings)

Click here to provide details of other supports required

Are you applying for more than 12 weeks of support?

Yes

Click here to explain why

No

Are you applying for more than 100 hours of support?

Yes

Click here to explain why

No

**Sustainability**

How will the project outcomes be sustained once the Project is completed?

Click here to add a response

**Document Requirements**

**Required**

A Financial Quote has been obtained from our Support Provider, uploaded and attached to our IS Case on the IS Portal

**Only required if details have not been provided in your application above**

Documentation about the Support Providers skills, experience and qualifications has

been **A picture containing water, shore

Description automatically generated**attached to our IS Case on the IS Portal

A copy of our competed Project Plan has been uploaded and attached to our IS Case on the IS Portal