Please complete this form, in addition to the relevant Application Form, for projects that involve more than one ECEC service.

|  |  |
| --- | --- |
| **Case ID** |  |
| **Total number of services participating in the project** |  |

# Participating ECEC Service Details

|  |
| --- |
| **Lead Service**  |
| Service Name  |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional  |  |
| **Service 2**  |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 3** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 4** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 5** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 6** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 7** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 8** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |

**NB:** To include additional services, please use page 3 of this document to record their details.

**Explain the rationale for your group project**

Include, why you have decided to apply for a group project, why a group project best addresses the barriers of all the participating services and why a group project is a cost effective way to deliver the support.

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|  |

**Explain how your group project will result in improved inclusion outcomes for all of the participating services**

For Example: How does the design and content of your project ensure that all services will benefit from the project?; How will the provider work across all the participating services to support the development of their inclusion capacity

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|  |

# Include details for additional participating services here:

|  |
| --- |
| **Service 9** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 10** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 11** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 12** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 13** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 14** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 15** |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 16** |  |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 17** |  |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |
| **Service 18** |  |
| Service Name |  |
| SIP ID |  |
| CCS ID |  |
| Inclusion Professional |  |

\*Please submit additional pages if more than 18 services are participating in the project