*Please save as a PDF before uploading to the IS Portal*

|  |  |
| --- | --- |
| **Service Name**  |  |
| **Name of service contact person** |  |
| **Case ID**  |  |
| **Inclusion Professional’s name** |  |

**Barriers, Solutions and Outcomes**

**What cohort of children with additional needs does this application aim to support?**

Please choose one option only

[ ]  Aboriginal and Torres Strait Islander children

[ ]  Culturally and Linguistically Diverse children

[ ]  Children from refugee/humanitarian backgrounds

Comment:

|  |
| --- |
|  |

**What are the barriers this project will address?**

**Barriers related to children:**

|  |
| --- |
|  |

**Barriers related to educators:**

|  |
| --- |
|  |

**Barriers related to the service and/or community:**

|  |
| --- |
|  |

**What is the impact of these barriers for children and educators?**

|  |
| --- |
|  |

**What have you already done to try to address these barriers?**

|  |
| --- |
|  |

**How will Bilingual Support help to address these barriers?**

|  |
| --- |
|  |

**What are the intended outcomes of the project?**

**Outcomes related to children:**

|  |
| --- |
|  |

**Outcomes related to educators:**

|  |
| --- |
|  |

## Details of the Project

**Who is the Provider for this project?**

|  |
| --- |
|  |

**Why have you chosen them?**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**What is the attendance pattern of the child/ren who will access bilingual support?**

[ ]  M [ ]  T [ ]  W [ ]  Th [ ]  F

**Other/Additional Information re: attendance pattern:**

|  |
| --- |
|  |

**Project Plan**

**What level of support are you applying for?**

**Bilingual Facilitator**

**Indicate the duration, frequency and intensity of support**

NB: If the proposed support is more complex than can be shown below, please attach a separate Project Plan showing how support will be provided.

|  |  |
| --- | --- |
| * Number of weeks support will be provided for:
 |  |
|  |  |
| * Days per week support is required:
 |  |
|  |  |
| * Hours per day support is required:
 |  |
|  |  |
| * Total hours of support requested:
 |  |

**Other Support**

For example:translation of written material, family meetings, provision of resources.

**Provide details:**

(NB: if the project includes the provision or development of resources, please provide a rationale for why the resources are essential to the project. NB cost of resources cannot be more than 10% of the total project cost)

|  |
| --- |
|  |

**Are you applying for more than 12 weeks and/or 100 hours of support?** [ ]  Yes [ ]  No

(see project guide for details re: typical levels of support)

**If Yes, Please provide a rationale for the additional support:**

|  |
| --- |
|  |

**Required Attachments**

* **Provider Quote** (please attach)

**Optional Required Attachments**

* **Provider Information** (if not included above)
* **Project Plan** (if not included above)