*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:**

|  |
| --- |
|  |

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Description automatically generated**Barriers related to educators:**

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

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|  |

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

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

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**How will Cultural Mentoring help to address these barriers?**

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

**Outcomes related to children:**

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**Outcomes related to educators:**

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## Details of the Project

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

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**Why have you chosen them?**

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**What are their skills/expertise/qualifications in relation to the identified barriers?**

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**What is their connection to the specific cultural group that is the focus of the project?**

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**How many care environments will be involved in the project?**

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| --- |
|  |

**How many educators will participate in the project?**

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| --- |
|  |

**Provide a Project Plan including an overview of project sessions**

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**Does the Project include the supply or development of resources? Yes  No**

If yes, please provide a brief description of the resources and a rationale for why they are essential to the project. (NB: the cost of resources must not be more than 10% of the total cost of the project)

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**How will you sustain the project outcomes once the project is completed?**

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|  |

**A picture containing orange

Description automatically generatedRequired Attachments**

* **Provider Quote** (please attach)

**Optional Required Attachments**

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