*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

[ ]  Children with a disability or developmental delay

[ ]  Children presenting with challenging behaviour

[ ]  Children with a serious medical or health condition

[ ]  Children presenting with trauma related behaviours

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?**

|  |
| --- |
|  |

**How will your Specialised Training and Advice help to address these barriers?**

|  |
| --- |
|  |

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

**Outcomes related to children:**

|  |
| --- |
|  |

**Outcomes related to educators:**

|  |
| --- |
|  |

## A picture containing text, red, case  Description automatically generatedDetails of the Project

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

|  |
| --- |
|  |

**Why have you chosen them?**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Provide a brief description of content to be delivered during this project (including information re: the evidence base for the project content and how it aligns with the aims of the ISP)**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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)

|  |
| --- |
|  |

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

|  |
| --- |
|  |

## Required Attachments

* **Provider Quote** (please attach)

## Optional Required Attachments

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