

# Innovative Solutions Support

## Application Guide – Bilingual Support

### Barriers, Solutions and Outcomes

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

Innovative Solutions Support is available to assist educators to include children with additional needs from specific cohorts. These cohorts are explained in more detail on p.8 of the ISP Guidelines. Use the check boxes to indicate the primary cohort that your application aims to support. If a child belongs to multiple cohorts, select the cohort that the support will address most directly. Note any other cohorts in the comment box.

#### What are the barriers to inclusion that this project will address?

Outline the barriers to inclusion for the child/ren who require bilingual support that this project seeks to address here. These should align with the barriers to inclusion identified in your SIP and may include child-related, educator-related and/or service and community related barriers. See the Bilingual Support Project Guide for further information about relevant barriers for this project type.

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

Briefly describe how these barriers are impacting on the child/ren that this project aims to support in relation to their participation in the program and interaction with peers and on educators' ability to be inclusive. Your response to this question should demonstrate the need for the support you are applying for.

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

Briefly list other actions you have taken to address these barriers, outlining the results of these actions and why further support is now needed.

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

Briefly explain how Bilingual Support will address the barriers you have identified above. Your response to this question should help to show why Bilingual Support is the best option to address your identified barriers.

If you are applying for a Bilingual Facilitator, briefly outline what the facilitator will do in their role.

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

Describe the outcomes that you aim to achieve through this project ie: outline what will change as a result of implementing this project.

These outcomes should be specific to your service and the barriers that you have identified but must also align with the overall goals of the Inclusion Support Program ie: they should show how the project will lead to the genuine inclusion of child/ren with additional needs.

In relation to children, what will the project achieve in terms of increased participation in the program and interaction with peers?

In relation to educators, what new skills, knowledge and information will educators gain? How will educators/the service become more inclusive as a result of the project?

## Details of the Project

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

For Bilingual Support provide the name of the company or agency who will provide the Bilingual Facilitator to your service. If the Bilingual Facilitator is self-employed provide their details here.

### 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, support provider experience and/or expertise.

### What are their skills/expertise/qualifications regarding the provision of bilingual support?

Ask your support provider for a statement outlining this information to accompany their quote. Include here or attach as a separate document.

### What is the attendance pattern of the child/ren who will access Bilingual Support?

Indicate here which days the child/ren for whom you are applying for support attend or will attend your 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) use this box to provide this information.

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

Answer the following questions to show the level of support that you are applying for. If the pattern of support is variable or too complex to explain here, attach a project plan showing what support will be provided over the course of the project.

- **Bilingual Facilitator**

Duration, frequency and intensity of support

- 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** (e.g.: translation of written material, family meetings)

Provide details:

Outline any other components of the project here, including how many hours of support will be required for each.

If the project includes the supply or development of resources then provide a brief overview of what the resources are and why they are necessary for the implementation of the project.

**If you are applying for more than 12 weeks and/or 100 hours of please provide a rationale for the additional support:**

If you are applying for more than the typical level of support provide an explanation of why that is necessary here. This rationale should clearly relate to the barriers that you identified above and show why extended or additional levels of support are needed.

## **Application Attachments**

- **Support Provider Quote** (required)

This is required. Support providers should consult the Information for Support Providers to ensure that their quote includes all necessary information.

- **Support Provider Information** (if not included above)

If you have not included information about the support provider's qualifications and experience above upload it to the IS Portal as an attachment

- **Project Plan** (if not included above)

If the support you are requesting was too complex to show above upload your project plan to the IS Portal as an attachment.