|  |
| --- |
| OFFICE USE ONLYAdministering Organisation file no. Approved: Yes [ ]  No [ ] Awaiting information:Review date(s):……../……../……..……../……../…….. |

Guidelines, information and application kit

Kindergarten Inclusion Support (KIS) Short Term Assistance (STA) Trial Plan and Application Form

The Kindergarten Inclusion Support (KIS) Short Term Assistance (STA) Trial Plan and Application Form has three sections.

**Section 1** sets out the applying service details, and child and family background.

**Section 2** sets out the KIS STA Plan. The focus of the Plan is to ensure that the kindergarten program is inclusive of all children. The Program Support Group should complete the Plan considering what actions can be undertaken within existing resources and, if needed, actions requiring additional resources to ensure an inclusive program.

**Section 3** provides the Privacy Declaration and approval by parents/ guardians/ carers.

**Sections 1, 2 and 3 *must* be completed and submitted together.** Applications can be made at any point during the kindergarten year.

For assistance with completing this plan, refer to the *KIS STA TRIAL: Guidelines, Information and Application Kit.*

the education state logo

**You are required to submit by email or mail the signed original application including:**

**SECTION 1 – Applicant, Family and Child Details**

**SECTION 2 – Kindergarten Inclusion Support STA Plan**

**SECTION 3 – Privacy Declaration and Approval by Parents/ Guardians/ Carers**

**To Uniting Victoria/Tasmania Ltd**

KIS.STA@vt.uniting.org

PO BOX 354 Ringwood VIC 3134

Phone number: 9871 0210

For further information, see the *KIS STA:* *Guidelines, Information and Application Kit*

**FAXES WILL NOT BE ACCEPTED.**



Melbourne May 18

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Authorised by the Department of Education and Training,

2 Treasury Place, East Melbourne, Victoria, 3002

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## SECTION 1. Applicant, Family and Child Details

I declare that to the best of my knowledge this application:

* is complete
* addresses all relevant guidelines in the *KIS STA TRIAL: Guidelines, Information and Application Kit*
* has been completed to accurately represent the kindergarten program and the developmental abilities and needs of the child, and
* the child is not receiving assistance through KIS – Disability program.

**Teacher details**

|  |  |
| --- | --- |
| Name of the Children’s Service lodging this application  |  |
| Phone  |  | Email |  |
| Postal address |  | Postcode |  |
| Location address |  | Postcode |  |
| Name of early childhood teacher completing this form*(in consultation with the Program Support Group)*  |  |
| Name of early childhood teacher for the year the child is attending the funded kindergarten program *(if known)* |  |

**Management delegate (e.g. president, nominated supervisor)**

*[The delegate is required to have authority to approve service expenditures, such as payment of invoices]*

|  |  |  |  |
| --- | --- | --- | --- |
| Delegate name |  | **Signature** |  |
| Role |  | Date |  |
| Phone |  |
| Email |  |
| Address |  | Postcode |  |

**Services that are part of an Early Years Management organisation**

|  |  |
| --- | --- |
| **A. Is the kindergarten administered by an Early Years Management organisation?** | **Yes 🞏 No 🞏** |
| If yes, please provide details of the Early Years Management organisation and authorisation to submit this application |
| Delegate name |  | **Signature** |  |
| Role |  | Date |  |
| Phone |  |
| Email |  |
| Address |  | Postcode |  |

**Family details**

|  |  |
| --- | --- |
| **Name of parent/ guardian or carer 1**  | Mr 🞏 Mrs 🞏 Ms 🞏 |
| Street address |  |
| Suburb |  | Postcode |  |
| Home phone number  |  | Mobile |  | Business phone  |  |
| **Name of parent/ guardian or carer 2** | Mr 🞏 Mrs 🞏 Ms 🞏  |
| Street address |  |
| Suburb |  | Postcode |  |
| Home phone number  |  | Mobile |  | Business phone  |  |

**Child details**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name  |  | Given name |  |
| Date of birth  |  | Gender | Male 🞏 Female 🞏 |
| Street address |  |
| Suburb |  | Postcode |  |
| In which country was the child born? | Australia 🞏 Other 🞏 | Other country  |  |
| Does the child speak a language other than English at home? (*in consultation with the Program Support Group*) | Yes 🞏 No 🞏 |
| If yes, please specify the language. |  |
| Is the child of Australian Aboriginal or Torres Strait Islander origin? (*choose only one box*) |
| Yes, Torres Strait Islander 🞏Yes, Aboriginal 🞏Yes, both Aboriginal and Torres Strait Islander 🞏No, neither Aboriginal nor Torres Strait Islander 🞏 |

**Information relating to child’s disability or developmental delay**

Referring to the checklist indicators in **Section 3** of the *KIS STA TRIAL: Guidelines, Information and Application Kit*, ***please*** describe how the child meets the requirements for disability, developmental delay or continuing assessment by a person with a relevant qualification.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Have additional attachments been included? | Yes 🞏 No 🞏 |
| If yes, please list  |
|  |

**Information relating to child’s past support and participation in kindergarten**

|  |  |
| --- | --- |
| Will the child be receiving Early Start Kindergarten funding at this kindergarten?  | Yes 🞏 No 🞏 |
|  |

|  |  |
| --- | --- |
| Has the teacher previously applied for KIS funding assessed by the Regional Advisory group (RAG) for this child?  | Yes 🞏 No 🞏 |
| If yes, was the application deemed eligible? | Yes 🞏 No 🞏 |
| Has the child previously been supported by KIS STA? (For example, as part of Early Start Kindergarten) | Yes 🞏 No 🞏 |
| If yes, was the support provided to the kindergarten submitting this application? | Yes 🞏 No 🞏 |
| What support was provided: |
| **Program practice support?**  | Yes 🞏 No 🞏 | Details |  |
| **Specialist training and consultancy?** | Yes 🞏 No 🞏 | Details |  |

## SECTION 2. Kindergarten Inclusion Support STA Plan

**The Plan has two parts:**

* **Part 1. Overview of context, existing resources, and roles** – Outlines the kindergarten program context, child’s strengths, abilities and interests.
* **Part 2. Action plan – Summary challenges, strategies and actions** – identifies the specific challenges that impact the service’s capability to include the child in the kindergarten program, strategies to address inclusion challenges and a schedule for review of the action plan.

**When completing the plan, consider and utilise:**

* the practice principles of the Victorian Early Years Learning and Development Framework
* the quality areas, standards and elements of the National Quality Framework.

#### Part 1. Overview of context, existing resources, and roles

###### Context of the Kindergarten Program

|  |
| --- |
| Provide background information about the context of the kindergarten program. Consider the skills and experience of the early childhood educators, management of the kindergarten, the philosophy of the kindergarten, group size and diversity of children in the sessions, the program and routines and the physical environment.**To protect privacy** specific contextual information regarding the additional needs of other children participating in the kindergarten sessions should not be entered in this section. Please submit this detail in a separate document that is signed by the kindergarten teacher and not shared or sighted by the parent of child identified in this Plan. |
|  |

###### Context of the child

|  |
| --- |
| Describe the child’s strengths, abilities and interests. Consider the environments and types of resources that are required to support the child’s learning and development. |
|  |

#### Part 2. Action plan – Summary challenges, strategies and actions

The Action plan identifies the specific challenges that impact the service’s capability to include the child in the kindergarten program and the strategies to address inclusion challenges. Please identify the actions you will take to implement the strategy and the resources you seek as a contribution to the plan (and recognising that support is for up to 10 weeks). *If you have more than two challenges, please copy this page and complete one for each challenge.*

| 1. **Challenges impacting service capacity for inclusion of the child**
 | 1. **Strategies to address challenge**
 | 1. **Specific actions**
 |
| --- | --- | --- |
| **Please list the specific CHALLENGE/S** *Type here**e.g., settling into a new environment, program planning modifications, staff time with specialists, time to meet with families* | **List the STRATEGIES will you use to address this specific challenge:***Type here**e.g., program plan development, increase staff knowledge and confidence, family engagement***Status:** Not started In ProgressCompleted No longer  required | **List the ACTIONS you will take to implement the strategies, including WHO will implement the action and WHEN**

| ***i. Actions within available resources/capacity*** | ***ii. Actions requiring support through KIS STA*** |
| --- | --- |
| *Type here* | *Type here* |

 |
| 1. **Actions requiring support – plan** *(refer to C.ii above)*
 | 1. **Scheduled review and notes:**
 |
|

| ***Action requiring support*** | ***Estimated cost*** |
| --- | --- |
|  |  |
|  |  |
|  |  |

 | *Type here**e.g., PSG meeting date, notes of completed actions, further review points* |

## SECTION 3. Privacy Declaration and Approval by Parents/ Guardians/ Carers

|  |
| --- |
| Privacy Notice for Parents / Guardians / Carers\*Please read this notice before you complete the application form. You are encouraged to keep this information.The Department of Education and Training (the Department) will protect your privacy along with the confidentiality and security of personal information you have provided. We comply with the *Privacy and Data Protection Act 2014*, the *Health Records Act 2001* and other relevant Acts.***Why do we ask you for information?***We collect personal information when a kindergarten applies for KIS STA to assist a child with a disability or developmental delay to attend kindergarten. This information is collected by the Administering Organisation to clarify:* eligibility of the application
* the support needs of the child identified in the application
* the additional supports identified as required by the kindergarten.

Information about your child is collected from you and the people you have approved to be members of your child’s kindergarten Program Support Group. This information assists the Administering Organisation to make an informed decision about the kindergarten’s eligibility and support needs. The Administering Organisation maintains the information and provides the information to the Department. The Administering Organisation is: **Uniting (Victoria/Tasmania)*****Disclosure of information***Some information, which does not identify individual children, is used to:* analyse and report the performance of the program within, and to, the Victorian State Government.
* analyse and improve Department-funded programs for children with disabilities/additional needs.

***Security and retention of information***All information about your child is kept secure and confidential. We respect your right to privacy and will only release information about your child with your written consent via the Program Support Group. However, there are times when we are required by law to disclose information about your child. In most circumstances we will let you know if we are required to do this. All Department staff handling information are required by law to respect your privacy. Any information that is not required will be destroyed.***Accessing information***A copy of your application is kept at Uniting (Victoria/Tasmania)’s office. This can be made available to you on request. Please refer to*: KIS STA Trial Guidelines, Information and Application Kit* for contact information.***If you choose not to tell us something***If you choose not to tell us something that we need to know to make decisions about supports for your child, we may be unable to provide your child’s kindergarten with the support they seek. |

\* Any of the following people can sign the Privacy Declaration:

* a person with parental responsibility for ‘major long term issues’ as defined by the *Family law Act 1975* (Cth)
* an officer delegated to exercise the powers and functions of the Secretary of the Department of Health and Human Services under sections175(1)(b).(2) & (3) of the *Children,* *Youth and Families Act 2005* (*Vic)*.
* a carer authorised under a  Department of Health and Human Services Instrument of Authorisation to make decisions about ‘major long term issues’ as defined by the Family Law Act 1975 (Cth)

If none of the above people are available, an informal carer may sign this form. An informal carer is a relative or other responsible adult with whom the child lives and who has day to day care of the child. Informal carers should sign an ‘Informal Carer Statutory Declaration’ to confirm their status. This is available at <http://www.education.vic.gov.au/Documents/school/principals/spag/safety/informalcarerstatdec.pdf>

#### Parent/guardian/carer 1

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Mr 🞏 Mrs 🞏 Ms 🞏  | Name |  |
| **Signature** |  | Date |  \_\_\_\_ / \_\_\_\_\_. / \_\_\_\_\_\_\_ |

#### Parent/guardian/carer 2

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Mr 🞏 Mrs 🞏 Ms 🞏  | Name |  |
| **Signature** |  | Date |  \_\_\_\_ / \_\_\_\_\_. / \_\_\_\_\_\_\_ |

*Please tick (✓) correct box.*

|  |  |
| --- | --- |
| Name of child |  |
| I 🞏 We 🞏 do 🞏 do not 🞏 approve this application being made by the kindergarten to assist the access and participation of my child at kindergarten. |
| I 🞏 We 🞏 have 🞏 have not 🞏 given consent to share information in this application with the people listed in Section 1 of this Form. |
| I 🞏 We 🞏 have 🞏 have not 🞏 been given a copy of the *Information Privacy Statement* that forms part of this application. |

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|  |  |
| --- | --- |
| Date application received |  |
| Date application directed to Administering Organisation |  | Date application assessed by Administering Organisation |  |

|  |
| --- |
| **Outcome of assessment**  |
| Eligible 🞏 Not eligible 🞏 | Date |  |

|  |
| --- |
| **Letters advising outcome of application sent** |
| Kindergarten management 🞏 | Date |  |
| Kindergarten Teacher 🞏 | Date |  |

|  |
| --- |
| **Comments** |
|  |