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| OFFICE USE ONLY  Date received:  File no. |

**Section 1**

Kindergarten Inclusion Support (KIS) Application Form

Kindergarten Service Details

This section provides all relevant details about the service and kindergarten group requesting additional support.

The parents of the child linked to the funding request are not to be given a copy of this section, as it may contain information about other children in the kindergarten group.

# Applicant Details

# All fields must be completed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the kindergarten service lodging this application | | | |  | | |
| Phone |  | | Email |  | | |
| Postal address | |  | | | Postcode |  |
| Location address | |  | | | Postcode |  |
| Name of early childhood teacher completing this KIS application | | | |  | | |
| Signature | | | |  | | |
| Is this the early childhood teacher who will be delivering the kindergarten program in the year KIS is being applied for? | | | | Yes 🞏 No 🞏 | | |
| If no, why has the early childhood teacher delivering the program not completed the application? | | | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is the kindergarten service administered by Early Years Management? | | | | Yes 🞏 No 🞏 | |
| If yes, provide details of the Early Years Management organisation and authorisation to submit this application | | | | | |
| Name of EYM |  | Name of authorising Officer |  | | |
| Role |  | Phone |  | | |
| Email |  | | | | |
| Signature |  | | | Date |  |

|  |  |  |
| --- | --- | --- |
| Has the early childhood teacher previously accessed support from the KIS program? | | Yes 🞏 No 🞏 |
| If yes, in what year? |  | |
| What support was provided? | Specialist consultancy 🞏 Specialist training 🞏  Additional staffing 🞏 Minor building modifications 🞏 | |

#### Kindergarten Program Overview

**Proposed session times the child will attend**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |
| **Funded Kindergarten program in Long Day Care – you MUST include only funded kindergarten hours below (MAXIMUM 15hrs)** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Group child will attend (if applicable) | | |  | | |
| Group size |  | Rotational groups? | | | Yes 🞏 No 🞏 |
| Staff to Child Ratio |  | Indoor/Outdoor program? | | | Yes 🞏 No 🞏 |
| What is the kindergarten team’s experience and confidence in providing an inclusive learning environment? | | | | | |
|  | | | | | |
| Give a brief description of the kindergarten service’s physical environment and how it allows all children to move around freely. Consider if the environment is safe for all children, does it allow for quiet spaces, are sensory preferences taken into consideration, is there a variety of seating options available? | | | | | |
|  | | | | | |
| Give a brief description of the structure of the kindergarten program including how the program promotes learning experiences, interactions and participation building on children’s strengths? | | | | | |
|  | | | | | |
| Group dynamics: describe additional support needed by other children in the group | | | | | |
|  | | | | | |
| Has your kindergarten service been allocated KIS support from another application for this group? | | | | Yes 🞏 No 🞏 | |
| If yes, what support has been allocated? | | | |  | |
| An additional assistant is intended to support the needs of the whole group and should not be working exclusively with the child with a disability. If the group has already been allocated additional staffing support, how is this being / will be used to support the group? | | | | | |
|  | | | | | |