



Early Childhood Services  
31 Flinders Street  
Adelaide SA 5000  
GPO Box 1152  
Adelaide SA 5001  
Tel 8226 6427

# Intervac Funding – Acquittal Form

1. PLEASE RETURN THIS FORM to [education.oshc@sa.gov.au](mailto:education.oshc@sa.gov.au) by end of week 2 each term.

Acquittal forms not received by end of week 2 each term may result in non-payment.

Services must meet the minimum requirements of 1 educator: 15 children as stated in the Education and Care Services National Regulations. Additional educators employed through the Intervac program are not to be counted in this minimum ratio.

|                         |           |                        |       |
|-------------------------|-----------|------------------------|-------|
| Service Approval Number | SE- _____ | Service Contact person | _____ |
| Name of Service         | _____     | Email                  | _____ |
| Address                 | _____     | Mobile Number          | _____ |
| Vendor Number           | _____     |                        |       |

| Name of child | Intervac Approval expiry date | Care period | Attended Care Yes or No | Name of child | Intervac Approval expiry date | Care Period | Attended Care Period Yes or No |
|---------------|-------------------------------|-------------|-------------------------|---------------|-------------------------------|-------------|--------------------------------|
|               |                               |             |                         |               |                               |             |                                |
|               |                               |             |                         |               |                               |             |                                |
|               |                               |             |                         |               |                               |             |                                |
|               |                               |             |                         |               |                               |             |                                |
|               |                               |             |                         |               |                               |             |                                |

2. SUMMARY - SERVICE TO USE CCS Software/calendar to calculate Intervac Hours ONLY

|  |  |
|--|--|
| Total number of Intervac approved children attending during Term |  |
| Total number of additional educator/s employed for the Term      |  |
| <b>Total additional INTERVAC educator hours used for Term</b>    |  |

|   |  |
|---|--|
| Total number of Intervac approved children attending during Vacation care |  |
| Total number of additional educator/s employed for the Vacation care      |  |
| <b>Total additional INTERVAC educator hours used for Vacation Care</b>    |  |



### 3. OUTCOMES

The inclusion and participation of children with disabilities and additional needs in out of school hours care (i.e. after-school care and vacation care).

|  | Yes | No | Comment | N/A |
|--|-----|----|---------|-----|
| Our service has an inclusion plan in place   |     |    |         |     |
| Educators work together with families and communities to create an inclusive service |     |    |         |     |
| Educators have specific training to support children                                 |     |    |         |     |
| Resources and programs are planned to support participation                          |     |    |         |     |
| Educators focus on the whole environment and not just an individual child            |     |    |         |     |

Please outline additional inclusion and participation outcomes achieved with Intervac Funding:

### 4. DECLARATION

This must be signed by a person with 'management or control' of an education and care service as defined by s5 of the Education and Care Services National Law Act 2010.

- For services operated by the school governing council: this must be the School Principal or his/her nominee.
- For services operated by a third-party provider on a Department for Education site: this must be a person with 'management and control' of the approved provider (legal entity) of the service.
- For services operated on non-Department site/s: this must be a person with 'management and control' of the approved provider (legal entity) of the service.

**We declare that the grant was used for the purpose for which the grant was provided.**

| OFFICE USE ONLY               |            |                     |                           |                  |
|-------------------------------|------------|---------------------|---------------------------|------------------|
| Intervac payment approved for | Term Hours | Vacation Care Hours | Account Number            | 220 75 ____ 7788 |
| Amount (Hrs.x \$15.61)        | \$         | \$                  | Vendor Number             |                  |
| GST Amount                    | \$         | \$                  | Processed and approved by |                  |
| TOTAL                         | \$         | \$                  |                           |                  |

Approved Provider Representative Signature

OSHC Director Signature

Name (Print in full)

Name (Print in full)

Position

Date

Date

Return to Department for Education via mail: [education.oshc@sa.gov.au](mailto:education.oshc@sa.gov.au)

Every effort has been made to ensure the information provided on the template form is accurate as of 7 June 2022.