

Intervac Funding – Service Application

Service name	_____	Director name	_____
Service Address	_____	Approved Provider	_____
Email Address	_____	Phone	_____

New child details **New Child (If not go straight to Planning Tool – page 3)**

Child's name	_____	Gender	_____	Date of Birth	_____
School child attends	_____				
Parent/guardian name (s)	_____	Mobile number	_____		

Services are required to ensure they meet the requirements of the [Intervac guidelines](#).

Please complete the table, using ticks and/or comments:

Child One	No assistance required	Some assistance required	Moderate assistance required	Requires full assistance
Toileting				
Feeding and eating				
Mobility/Gross Motor skills				
Fine motor skills				
Speech and language				
Social skills				
Behaviour Challenges				
Additional Comments				

Other funding and agencies:

Have you applied for ISP for this child?	_____	If yes, when is this due to be approved?	_____
If not, why not?	_____		
If this child is not eligible for ISP please outline the reasons not eligible:	_____		
Other agencies involved:	_____		

New child details **New Child (If not go straight to Planning Tool – page 3)**

Child's name	_____	Gender	_____	Date of Birth	_____
School child attends	_____				
Parent/guardian name (s)	_____	Mobile number	_____		

Please complete the table, using ticks and/or comments:

Child Two	No assistance required	Some assistance required	Moderate assistance required	Requires full assistance
Toileting				
Feeding and eating				
Mobility/Gross Motor skills				
Fine motor skills				
Speech and language				
Social skills				
Behaviour Challenges				
Additional Comments				

Other funding and agencies:

Have you applied for ISP for this child?	_____	If yes, when is this due to be approved?	_____
If not, why not?	_____		
If this child is not eligible for ISP please outline the reasons not eligible:	_____		
Other agencies involved:	_____		



New child details

New child-(If not go straight to Planning Tool – page 3)

Child's name _____ Gender _____ Date of Birth _____

School child attends _____

Parent/guardian name (s) _____ Mobile number _____

Please complete the table, using ticks and/or comments:

Child Three	No assistance required	Some assistance required	Moderate assistance required	Requires full assistance
Toileting				
Feeding and eating				
Mobility/Gross Motor skills				
Fine motor skills				
Speech and language				
Social skills				
Behaviour Challenges				
Additional Comments				

Other funding and agencies:

Have you applied for ISP for this child?		If yes, when is this due to be approved?	
If not, why not?			
If this child is not eligible for ISP please outline the reasons not eligible:			
Other agencies involved:			

New child details

New Child (If not go straight to Planning Tool – page 3)

Child's name _____ Gender _____ Date of Birth _____

School child attends _____

Parent/guardian name (s) _____ Mobile number _____

Please complete the table, using ticks and/or comments:

Child Four	No assistance required	Some assistance required	Moderate assistance required	Requires full assistance
Toileting				
Feeding and eating				
Mobility/Gross Motor skills				
Fine motor skills				
Speech and language				
Social skills				
Behaviour Challenges				
Additional Comments				

Other funding and agencies:

Have you applied for ISP for this child?		If yes, when is this due to be approved?	
If not, why not?			
If this child is not eligible for ISP please outline the reasons not eligible:			
Other agencies involved:			

If more than four children, please duplicate this page

Planning Tool

Email the completed Intervac Planning tool to education.oshc@sa.gov.au 2 weeks prior to the care period. The complete service application form (including planning tool) must be submitted for each new child.

Service name _____
 Email Address _____
 Term/Vac period _____

Director name _____
 Phone _____

Term planning tool

Monday		Tuesday		Wednesday		Thursday		Friday	
Child's name	Hrs/day (Max 2)	Child's name	Hrs/day (Max 2)	Child's name	Hrs/day (Max 2)	Child's name	Hrs/day (Max 2)	Child's name	Hrs/day (Max 2)
Approx total number of children attending this day		Approx total number of children attending this day		Approx total number of children attending this day		Approx total number of children attending this day		Approx total number of children attending this day	
No. of educators required to meet minimum ratios		No. of educators required to meet minimum ratios		No. of educators required to meet minimum ratios		No. of educators required to meet minimum ratios		No. of educators required to meet minimum ratios	
No of children supported through ISP		No of children supported through ISP		No of children supported through ISP		No of children supported through ISP		No of children supported through ISP	
No of ISP funded educators		No of ISP funded educators		No of ISP funded educators		No of ISP funded educators		No of ISP funded educators	
Number of proposed Intervac funded children		Number of proposed Intervac funded children		Number of proposed Intervac funded children		Number of proposed Intervac funded children		Number of proposed Intervac funded children	
Number of additional educators required		Number of additional educators required		Number of additional educators required		Number of additional educators required		Number of additional educators required	
Number of proposed Intervac educator hours		Number of proposed Intervac educator hours		Number of proposed Intervac educator hours		Number of proposed Intervac educator hours		Number of proposed Intervac educator hours	
Multiply weeks in term x daily hrs = hrs per day for overall term TOTAL		Multiply weeks in term x daily hrs = hrs per day for overall term TOTAL		Multiply weeks in term x daily hrs = hrs per day for overall term TOTAL		Multiply weeks in term x daily hrs = hrs per day for overall term TOTAL		Multiply weeks in term x daily hrs = hrs per day for overall term TOTAL	
Add each day's total hours to get total hours proposed for the term(excluding public holidays)									

Vacation care planning tool

Monday		Tuesday		Wednesday		Thursday		Friday	
Child's name	Hrs/day (Max 8)	Child's name	Hrs/day (Max 8)	Child's name	Hrs/day (Max 8)	Child's name	Hrs/day (Max 8)	Child's name	Hrs/day (Max 8)
Approx total number of children attending this day		Approx total number of children attending this day		Approx total number of children attending this day		Approx total number of children attending this day		Approx total number of children attending this day	
No. of educators required to meet minimum ratios		No. of educators required to meet minimum ratios		No. of educators required to meet minimum ratios		No. of educators required to meet minimum ratios		No. of educators required to meet minimum ratios	
No of children supported through ISP		No of children supported through ISP		No of children supported through ISP		No of children supported through ISP		No of children supported through ISP	
No of ISP funded educators		No of ISP funded educators		No of ISP funded educators		No of ISP funded educators		No of ISP funded educators	
Number of proposed Intervac funded children		Number of proposed Intervac funded children		Number of proposed Intervac funded children		Number of proposed Intervac funded children		Number of proposed Intervac funded children	
Number of additional educators required		Number of additional educators required		Number of additional educators required		Number of additional educators required		Number of additional educators required	
Number of proposed Intervac educator hours		Number of proposed Intervac educator hours		Number of proposed Intervac educator hours		Number of proposed Intervac educator hours		Number of proposed Intervac educator hours	
Multiply weeks of vacation care x daily hrs = hrs per day for overall term TOTAL		Multiply weeks of vacation care x daily hrs = hrs per day for overall term TOTAL		Multiply weeks of vacation care x daily hrs = hrs per day for overall term TOTAL		Multiply weeks of vacation care x daily hrs = hrs per day for overall term TOTAL		Multiply weeks of vacation care x daily hrs = hrs per day for overall term TOTAL	
Add each day's total hours to get total hours required for the vacation care period (excluding public holidays):									

Declaration:

I give permission and understand the information provided on this Intervac Funding – Service Application form may be:

- collected for the purposes of registration, preparing statistics, reporting, program monitoring and evaluation and calculating funding for payments to the OSHC service.
- disclosed to and used for these purposes by Australian and State government departments and their agencies.
- disclosed without consent where authorised or required by law.
- shared with relevant school personnel if required.
- I also understand and agree that Intervac funding will be used for the intended purpose (as outlined in the Intervac Guidelines)

Signature Service
Director

Date

Signature Authorised
Representative of
Approved Provider –
Principal or his/her
nominee

Date:

Please complete all details. Copy and retain for your service files. Email copy to education.oshc@sa.gov.au

OFFICE USE ONLY

Approved by

Signed

Date
