Intervac Funding – Service Application

Service name						Director name	
Service Address						Approved Provider	
Email Address						Phone	
New child details	New Chi	ld (If	not go straight	to Plann	ing Tool	- page 3)	
Child's name		()	are a go our angere		Gender		e of Birth
School child attends					30.140.		
					Ma	bile number	
Parent/guardian name (s)					IVIO	bile number	
Services are required to ensure	they mee	t the re	equirements of the	Intervac g	guidelines.		
•	•						
Please complete the table, using tio							
Child One	No assistance		nce Some assistance required			e assistance	Requires full assistance
Tailatina	required				required		
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 of	child?		If	yes, when is	this due to	be approved?	
If not, why not?							
If this child is not eligible for ISP p	lease						
outline the reasons not eligible:							
Other agencies involved:							
New child details	New (Child (If not go straig	ht to Pla	nning To	ol – page 3)	
Child's name					Gender	Da	te of Birth
School child attends							
Parent/guardian name (s)					Мо	bile number	
Please complete the table, using tic					NA		Danisha full anishana
Child Two	No assist required		Some assistance	required	required	e assistance	Requires full assistance
Toileting	required				required		
Feeding and eating							
Mobility/Gross Motor skills							
Fine motor skills							
Speech and language							
Social skills							
Behaviour Challenges							
Additional Comments			1				
Other funding and agencies:							
Have you applied for ISP for this o	child?		lf y	es, when is	this due to I	be approved?	
If not, why not?			I .			L	
If this child is not eligible for ISP p	lease						
outline the reasons not eligible:							
Other agencies involved:							

Child's name			Gender	Date of Birth
School child attends				
Paront/guardian name (s)			Mobile number	
Parent/guardian name (s) —			WOUNG HUMBER	
Please complete the table, using ti				
Child Three	No assistance	Some assistance	Moderate assistance	Requires full assistance
	required	required	required	
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	Ī	If yes, wh	nen is this due to be approved?	T
this child?				
If not, why not?		<u> </u>		
If this child is not eligible for				
ISP please outline the reasons				
not eligible:				
Other agencies involved:				
Г	<u> </u>			
New child details Child's name School child attends	New Child	(If not go straight t	o Planning Tool – page Gender	3) Date of Birth
Child's name	New Child	(If not go straight t		
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti	icks and/or comments	s:	Gender Mobile number	Date of Birth
Child's name School child attends Parent/guardian name (s)	cks and/or comments	s: Some assistance	Mobile number Moderate assistance	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four	icks and/or comments	s:	Gender Mobile number	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four Toileting	cks and/or comments	s: Some assistance	Mobile number Moderate assistance	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four Toileting Feeding and eating	cks and/or comments	s: Some assistance	Mobile number Moderate assistance	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four Toileting Feeding and eating Mobility/Gross Motor skills	cks and/or comments	s: Some assistance	Mobile number Moderate assistance	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four Toileting Feeding and eating Mobility/Gross Motor skills Fine motor skills	cks and/or comments	s: Some assistance	Mobile number Moderate assistance	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four Toileting Feeding and eating Mobility/Gross Motor skills Fine motor skills Speech and language	cks and/or comments	s: Some assistance	Mobile number Moderate assistance	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four Toileting Feeding and eating Mobility/Gross Motor skills Fine motor skills Speech and language Social skills	cks and/or comments	s: Some assistance	Mobile number Moderate assistance	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four Toileting Feeding and eating Mobility/Gross Motor skills Fine motor skills Speech and language Social skills Behaviour Challenges	cks and/or comments	s: Some assistance	Mobile number Moderate assistance	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four Toileting Feeding and eating Mobility/Gross Motor skills Fine motor skills Speech and language Social skills	cks and/or comments	s: Some assistance	Mobile number Moderate assistance	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four Toileting Feeding and eating Mobility/Gross Motor skills Fine motor skills Speech and language Social skills Behaviour Challenges	cks and/or comments	s: Some assistance	Mobile number Moderate assistance	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four Toileting Feeding and eating Mobility/Gross Motor skills Fine motor skills Speech and language Social skills Behaviour Challenges Additional Comments	cks and/or comments	s: Some assistance required	Mobile number Moderate assistance	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four 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?	cks and/or comments	s: Some assistance required	Mobile number Moderate assistance required	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four 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 not, why not?	cks and/or comments	s: Some assistance required	Mobile number Moderate assistance required	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four 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 not, why not? If this child is not eligible for	cks and/or comments	s: Some assistance required	Mobile number Moderate assistance required	Date of Birth
Child's name School child attends Parent/guardian name (s) Please complete the table, using ti Child Four 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 not, why not?	cks and/or comments	s: Some assistance required	Mobile number Moderate assistance required	Date of Birth

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	Director name	
Email Address	Phone	
Term/Vac period		

Term planning tool

Monday		Tuesday		Wednesday		Thursday		Friday	
Child's name	Hrs/day	Child's name	Hrs/day	Child's name	Hrs/day	Child's name	Hrs/day	Child's name	Hrs/day
	(Max 2)		(Max 2)		(Max 2)		(Max 2)		(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	

Vacation care planning tool

Monday		Tuesday		Wednesday		Thursday	Friday		
Child's name	Hrs/day	Child's name	Hrs/day	Child's name	Hrs/day	Child's name	Hrs/day	Child's name	Hrs/da
	(Max 8)		(Max 8)		(Max 8)		(Max 8)		(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		Multiply weeks of vacation care x daily hrs = hrs per day for		Multiply weeks of vacation care x daily hrs = hrs per		Multiply weeks of vacation care x daily hrs = hrs per		Multiply weeks of vacation care x daily hrs = hrs per	
for overall term TOTAL		overall term TOTAL		day for overall term TOTAL		day for overall term TOTAL		day for overall term TOTAL	

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		Date						
Director								
			_					
Signature Authorised								
Representative of								
Approved Provider –								
Principal or his/her		Date:						
nominee								
•								
Please complete a	ll details. Copy and retain for your service files. Em	nail copy to <u>education.oshc@sa.gov.au</u>						
OFFICE USE ONLY								
Approved by	Signed	Date						