# Step 2: Flexible Support Package Application Form

The Application Form represents Step 2 in the Flexible Support Package (FSP) process. This form is to be completed and submitted by the approved provider of the funded kindergarten program. It intends to gather information on the child and service context beyond what was provided in the Screening Form to confirm eligibility. This information informs the requested supports and key goals identified.

### Application activities checklist

The following activities **must** take place **before the submission** of the Application Form. Please select Yes/No to the following:

|  |  |
| --- | --- |
| Provisional eligibility of the FSPs Screening Form has been received from the FSP Central Team. | Yes/No |
| The FSPs Operational Guidelines have been read, the objectives understood (page 2), and the requested supports have been informed by the FSP Practice Principles (page 6). | Yes/No |
| A parent/carer/legal guardian has provided their signed consent at the end of this Application Form. | Yes/No |
| The Approved Provider has investigated organisations that have the capacity to deliver the requested supports. | Yes/No |
| The Service has engaged in collaborative planning with relevant professionals and parent/carer/legal guardian(s) and there is consensus on the supports requested. | Yes/No |
| The ECIB Team has a completed copy of this Application Form once consent is provided. | Yes/No |

## Contact details

|  |  |  |
| --- | --- | --- |
| **Kindergarten/Service name** | Click here to enter service name. | |
| **Service key contact** | Click here to enter first and last name. | Click here to enter email. |
| **Provider key contact** | Click here to enter first and last name. | Click here to enter email. |
| **Key contact for financial follow up** | Click here to enter first and last name. | Click here to enter email. |
| **Child name and DOB** | Click here to enter child’s first and last name. | Click here to select child DOB. |
| **FSP ID** | Click here to enter FSP ID which can be found in your provisional eligibility email. | |

## Child background and context

This section intends to gather further information on the child’s background and context. This will help inform the immediate goals, interventions and requested supports. Please note that only broad summary descriptions are required. Responses must not include specific details, incidents, identifiers (e.g. names of peers, adults) or the context of other children in the same kindergarten room.

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| --- |
| **Care and educational history (approximately 50-150 words)** |
| **Please elaborate on the information provided in the Screening Form with any appropriate information regarding the child’s care and educational history. This may include barriers to participation such as care placement instability, previous enrolment and attendance at other early childhood and education care services.**  Click here to enter text. |
| **Strengths and protective factors (approximately 50-100 words)** |
| **What are the child’s key interests and strengths? What strategies, relationships or practices have been effective to date? This may include significant connections/positive relationships, observed instances of child engagement and inclusion in play-based activities.**  Click here to enter text. |
| **Presenting concerns (approximately 50-100 words)** |
| **What are the key presenting concerns that impact the child’s safety, relationships and participation in the kindergarten program? This may include well-being concerns and observed behaviours. Please include frequency, severity and impact on engagement and learning.**  Click here to enter text. |

## Planning to support the child’s immediate inclusion

This section intends to gather an understanding of the collaborative planning that has taken place with relevant professionals and adults around the child. For more information, please see the Practice Principles on page 6 of the FSP Operational Guidelines.

|  |
| --- |
| **Collaborative planning** |
| **Has a collaborative planning meeting with the child’s family/carer and other relevant professionals taken place such as a Program Support Group?** Yes/No  **When was the most recent collaborative planning meeting?** Select a month.  **Which individuals were involved in the collaborative planning meeting?**   |  |  |  |  | | --- | --- | --- | --- | | Select an item. | Select an item. | Select an item. | Other: Please specify here. | |

|  |
| --- |
| **What agreements (such as individual learning goals, interventions and strategies) were made, in relation to how the child will be supported in their learning and development in kindergarten? How are the adults and professionals around the child going to stay connected and ensure that supports are coordinated?**  Click here to enter text. |

## **Service and kindergarten program context**

This section intends to gather information on the service and kindergarten program context. It provides information on both individual teacher and whole-of-service prior capacity and capability building. Please note, FSPs are designed to support the immediate needs of individual children. In achieving this, FSPs may be used for building service capacity and capability to address the child’s individual needs in the short term. This could include specialist advice and in-situation coaching that is tailored to the child's needs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Kindergarten program context** | **Kindergarten program – existing capacity** | **Kindergarten teacher capability building context** | **Service capability building context** |
| **How many children are in the kindergarten program?**  Select an item.  **What is the AITSL career stage of the kindergarten teacher?[[1]](#footnote-2)**  Select an item. | **An additional educator supports the kindergarten program for:**  How many hours per week? | **What capability building activities have the kindergarten teacher been involved in to support children with complex trauma?**  Select an item.  **If other activities, please specify:** Provide detail here. | **What capability building activities has the service been involved in over the last 2 years?**  Select an item.  **If other activities, please specify**: Provide detail here. | |
| **An additional assistant supports the kindergarten teacher and program for:**  How many hours per week? |

|  |  |
| --- | --- |
| **Capacity and capability building opportunities (approximately 50 words)** | |
| **Considering the longer-term needs and context of the child, what future opportunities have been identified through your School Readiness Funding (SRF) Plan or other available capability building supports? This may include opportunities planned through SRF or identified for SRF Plan adaptation or further opportunities to build knowledge and practice through existing Department of Education funded programs, such as EC LOOKOUT.**  Click here to enter text. | |
| **Capacity and capability building challenges (approximately 50 words)** | |
| **What capacity and capability building challenges has the service experienced when supporting children with complex trauma? This may include barriers faced when attempting to access capacity or capability building activities through existing initiatives (e.g. waitlists for certain supports).**  Click here to enter text. | |
| **Prior FSP for the child** | **Prior FSP for another child at the service** |
| **Has the child previously accessed FSP supports?** Yes/No.  **If YES - what FSP supports were implemented?**  Select an item.  **If other/multiple:** Please specify here. | **Has the service previously accessed or is currently accessing FSP supports for another child?** Yes/No.  **If YES - what FSP supports were implemented?**  Select an item.  **If other/multiple:** Please specify here. |
| **Impact of prior FSP supports** | |
| **If prior FSP supports have been accessed for this child, what impact did they have on the service’s capacity and capability to support this child?**  Click here to enter text.  **If prior FSP supports have been accessed by the service, how did the package support the service’s capacity and capability to support children who have experienced complex trauma?**  Click here to enter text.  **Can you identify any gaps in the support provided? What additional support is required?**  Click here to enter text. | |

## FSP goals and requested supports

In the table below please outline the type, goal, duration, proposed facilitating organisation and the estimated costs including GST of the FSPs request(s).

Requests must:

* Demonstrate alignment to the child and service context
* Be for short-term immediate support (e.g. up to 10 weeks only)
* Demonstrate alignment to the FSPs Practice Principles on page 6 of the Operational Guidelines
* Be used for building the service’s capacity and capability to address the child’s individual needs.

Please also attach a quote for the requested support(s), if available.

| **Support type requested** | **Goal of requested support**  Include details of how this demonstrates a link to the FSP Practice Principles | **Name of proposed facilitating organisation** | **Name of support item**  Please also describe what is included in the support (if appropriate) | **Duration of requested support**  (hours, weeks, sessions etc.) | **Total number of hours** | **Hourly break down** (if appropriate) | **Cost of item** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Select support type. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Number of hours/weeks/sessions. | Number of total hours. | Hourly breakdown. | | Total item cost. |
| Select support type. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Number of hours/weeks/sessions. | Number of total hours. | Hourly breakdown. | | Total item cost. |
| Select support type. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Number of hours/weeks/sessions. | Number of total hours | Hourly breakdown. | | Total item cost. |
| **Total cost of all requested supports:** | | | | | | Click here to enter total estimated cost. | | |

## Privacy Notice for Parents / Carers

**Please read this notice before you sign the Application Form.**

FSPs provide responsive, short-term support for an individual child with complex trauma experiencing significant barriers to participating in the funded kindergarten program. FSPs can include a range of supports, such as targeted in-situation specialist support that builds the capability and capacity of early childhood educators to address the specific child’s needs.

FSPs are funded by the Department of Education (the Department). The Department values the privacy of every person and may only collect and handle personal and health information consistent with the *Privacy Data and Protection Act 2014* (Vic) (the PDP Act), the *Health Records Act 2001* (Vic) (the HR Act) and the *Public Records Act 1973* (Vic) and Department policies.

### Why do we ask you for information?

The Department collects personal information when a kindergarten service applies for additional short-term responsive support through FSP to assist your child’s immediate inclusion and participation in the kindergarten program.

Information collected about your child includes:

* Relevant care and educational history and context (summary open text, Application Form)
* Protective factors, key interests and strengths (summary open text, Application Form)
* Intervention priorities for inclusion in the kindergarten program (summary open text, Application Form)
* Longer-term plan for supporting the child’s inclusion (summary open text, Application Form)

This information is used to:

* Determine FSP eligibility
* Inform FSP supports requested, i.e. ensure they are tailored to the child’s needs
* Maximise coordination of support for your child’s immediate inclusion

The child’s name and DOB are also collected for the purposes of monitoring this program on the child’s inclusion and participation.

Information about the service provider is also included to ensure funding and support information goes to your child’s kindergarten. Your contact details are collected so that the kindergarten and the Department can keep you informed about your child’s progress in the FSP.

The Central FSP Team uses the Screening and Application Form information to assess and prioritise applications and provide advice on proposed supports in the short and longer-term to support your child’s ongoing inclusion.

The Central FSP Team has representatives from:

* the Department, central representatives that ensure decisions made align with FSP Guidelines and intent
* DE Senior Practitioners, with expertise and experience in trauma-informed practices
* other relevant early childhood professionals, who assist the group to review applications and decide on the eligibility and level of support to be provided to the kindergarten

Applications will be received on a rolling basis. This means that they can be submitted as the need arises throughout the year. Applications will be assessed, with the aim that an outcome is conveyed within 5 business days of the receipt of a completed Application Form.

### The information will be stored securely on DE servers with access restrictions to ensure only appropriate staff have access to the information provided.

### For further information, please speak to your kindergarten teacher.

### What other information is provided in addition to this Application Form?

As provisional eligibility has previously been provided, some general information was provided to the DE Central FSP Team. The information provided did not identify your child but provided general information about the circumstances that were relevant to your child’s support needs. This information is included in the *Flexible Support Package Screening Form.*

This form includes de-identified information about your child’s characteristics and context (all tick boxes, no open text descriptions. You can view the *Flexible Support Package Screening Form* when you provide consent for your child to participate in the FSP. The *Flexible Support Package Screening Form* is included with this application form, to show that your child’s eligibility has been confirmed and that funding has been approved.

**Who will have access to the information provided in this Application Form and other information supporting this application?**

The Department will only use and disclose your child’s personal and health information collected through this form, for the purposes described above, or otherwise when required or permitted by law. Department staff involved in administering and implementing the FSP and Department staff who need to know this information in accordance with the Department’s privacy policy will have access to this information.

Personal information used for research or reporting will have any identifying information removed to ensure personal and health information is protected and de-identified.

Information collected in the FSP process may be provided to DE staff or by an external contractor to evaluate the effectiveness of the FSP. All information used for an evaluation and provided to any DE staff or external contractor will have identifying information removed to ensure that all information in the evaluation is de-identified. As part of an evaluation, you may be approached to volunteer to take part in interviews to understand your experience of accessing timely, short-term support through an FSP.

If your child transfers to a different kindergarten service, the service provider in the region your child’s new kindergarten service is located will be provided with a copy of your child’s application. This will enable support to be transferred to your child’s new kindergarten service to help your child’s transition and assist your child’s new kindergarten teacher to understand your child’s learning and development needs.

### Security and retention of information

A copy of your child’s application is kept at the Early Childhood Provider and/or Service and on the central Department’s secure servers, with access limited to appropriate staff. Staff providing technical assistance for systems used may also have access to your child’s personal information. All information about your child is kept secure and confidential. For more information please see the [Department's privacy policy](https://www.education.vic.gov.au/Pages/privacypolicy.aspx).

### Accessing information

Upon request, your kindergarten service should provide you with a copy of this completed form. To access or correct information on FSP documents contact your kindergarten service in the first instance. Alternatively please contact: [flexible.support.packages@education.vic.gov.au](mailto:flexible.support.packages@education.vic.gov.au)

Requests for other documents submitted by the kindergarten service for this process may be appropriate to be requested via the Freedom of Information Process (**FOI).** Please see the Department’sFOI webpage or email: [foi@edumail.vic.gov.au](mailto:foi@edumail.vic.gov.au).

For more information, regarding access to personal information or DE’s handling of personal information please see DE’s Schools Privacy Policy at <https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>.

### 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 support for your child, we may be unable to provide your child’s kindergarten service with the support they seek.

### Parent/guardian/carer Consent

I have read and understood the Privacy Notice and I understand how my child’s personal and health information will be collected, used and disclosed.

I have read all of the information I have provided in this form, including additional reports attached about my child, and I confirm the information is correct and up to date.

I have viewed the *Flexible Support Package Screening Form* that is to be submitted with this form.

I consent to this application being made by the kindergarten service to assist the access and participation of my child at kindergarten.

### Parent/guardian/carer

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (Parent/guardian carer)\*: |  | Date: | Click here to enter date. |
| Print full name: |  | | |
| Email: |  | | |
| Mobile number : |  | | |

**\*Who may sign this application form**

Only one signature is required for this form. Any of the following people can sign this form:

* 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 Families, Fairness and Housing (DFFH) under sections 175 (1)(b), (2) & (3) of the *Children, Youth and Families Act 2005* (*Vic)*.
* a carer authorized 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>.

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1. *See* Australian Institute for Teaching and School Leadership Information: [Teacher Standards (aitsl.edu.au)](https://www.aitsl.edu.au/standards)**.** [↑](#footnote-ref-2)