

**National Inclusion Support Subsidy Provider Team
Illawarra Children's Services**

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Children's Services
Since 1895

In partnership with



Request for Extension to ISS Approval
(Extension period must be less than 3 months)

State/Territory:	
ISA Region Name and Number:	
Name of Service:	
Service CCB Organisation ID (<i>from CCB Approval letter</i>):	
Name of child/ren*:	
Child's ISS ID Number:	
Current Funding End Date	

***If the original application relates to a Shared Care Arrangement, please list both children, noting the child who will be leaving the care environment.**

Tick the applicable box:

- the child is leaving the service to attend school in less than 3 months
Extension required until _____(request can be up to 3 months)
- the child is moving care environment within the service in **less** than 3 months
Date child will commence in the new care environment _____
- the service is changing ownership in less than **2 months**.
Extension required until _____(request can be up to 3 months)

I confirm that: (please tick box)

- the care environment has not significantly changed since the current ISS Approval and the current Service Support Plan for the care environment has been reviewed if necessary

Please note: If continued ISS support is required in the new care environment, an application for the 'change of care environment' for this child must be submitted to the NISSP within 4 weeks of the child commencing in the new care environment to avoid any lapse in funding.

April 2010

CONDITIONS OF FUNDING AGREEMENT

When approved for the Inclusion Support Subsidy I/we agree to:

1. Support child care workers/carers to provide appropriate care for the child.
2. Operate the service in accordance with the current version of the Guidelines which may be amended from time to time.
3. Promote the development and adoption of practices which facilitate the inclusion of children with ongoing high support needs into eligible child care as per the Guidelines.
4. Use the funding only for the purposes for which it has been approved as stated in the Approval Letter sent by the National ISS Provider (NISSP).
5. Provide support to all child care workers/carers involved in the inclusion process.
6. Train child care workers/carers with a view to implementing developmentally and culturally appropriate programs and practices.
7. Provide information on the operation of the service and its users as requested by the NISSP and the Department of Education Employment and Workplace Relations (DEEWR).
8. Certify information provided in ISS applications only where it is complete and correct.
9. Advise the NISSP in writing of any intention to cease operation of the service or enter into a contract of sale of the service/premises;
10. Advise the NISSP in writing should the child cease to attend the service.
11. Keep the information regarding the child confidential except where certain information is required to be disclosed where applicable and there is lawful authority to do so.
12. Certify Service Support Plans (SSPs) in order to support an application for the Inclusion Support Subsidy in respect of a child or children with ongoing high support needs.
13. Attach appropriate supporting documentation with all ISS applications.

I, the undersigned, confirm that I have read the Conditions of Funding Agreement above and agree to abide by these conditions. I submit this Extension Application Form with the belief that the information contained within this document is true and correct

Name of Authorised Officer of Child Care Service:			
Signature:		Date:	
Contact Telephone no.			

I, the undersigned, have participated in the completion of this Extension Application Form and I endorse the service's application for an extension to the current ISS Approval.

Name of ISF:			
Signature:		Date:	

Send Completed Form to the National ISS Provider at the address overleaf