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| --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT AIDE SUPPORT APPLICATION AND UTILISATION OF FUNDING PLAN**  This funding is for one-to-one Student Aide Support for the child or young person specifically named in this application. The application should be jointly completed by the Ministry of Education and the school. Oranga Tamariki funded teacher aide support is intended to complement rather than replace other Ministry of Education (MoE) teacher aide supports. MoE and other intersectoral initiatives should still be accessed or referred to in the first instance. | | | | | | | |
| **Student’s Name** |  | | | **Date of Birth** | | |  |
| **NSN Number** |  | | | **Gender** | | |  |
| **Current Status** |  | | | **Ethnicity** | | |  |
| **Iwi** | | |  |
| **Principal** |  | | | **Contact Details** | | |  |
| **Learning Support Manager** |  | | | **Contact Details** | | |  |
| **School Name** |  | | | | | | |
| **Name of Key Contact** |  | | | **Contact Details** | | |  |
|  | | | | | | | |
| **Please identify any other resources that are currently in place or being applied for to support the child or young person while in school:** *e.g. ACC Sensitive Claims (ACC), Youth Services Strategy funding (YSS), In Class Support (ICS), Interim Response Fund (IRF) intensive wrap-around support (IWS) SupportNet etc* | | | | | | | |
|  | | | **YES** | | **NO** | **If No, please explain why not? (Does not meet criteria, eligibility etc)** | |
| **Is the child or young person receiving support or has an application been made for HCN?** | | |  | |  |  | |
| **Is the child or young person receiving support from Learning Support/MoE?** | | |  | |  |  | |
| **Is the child or young person receiving support from RTLB?** | | |  | |  |  | |
| **Is the Ministry of Education (MoE) providing ORS support?** | | |  | |  |  | |
| **Is the school providing ORS support through bulk funding?** | | |  | |  |  | |
| **Current Teacher Aide hours provided by Education:**  **If none, please record why** | | |  | | | | |
|  | | | | | | | |
| HOURS OF SUPPORT | | | | | | | |
| **Hours per week of Teacher Aide Support from Education Support Services**  *(MoE, RTLB, HCN etc)* | |  | | **Number of weeks** | | |  |
| **Hours per week of Teacher Aide Support from School** | |  | | **Number of weeks** | | |  |
| **Hours per week of Student Aide Support applying for from Oranga Tamariki**  *(Max. 10 hrs)* | |  | | **Number of weeks** | | |  |
| **What school term does support relate to** | |  | | | | | |
| **Actual start date for the Student Aide Support** | |  | | | | | |
| **Please state the amount of funding requested:** | | | | | | | **$** |
| ***Hourly rate includes GST but does not include ACC or holiday pay.*** *Current recommended rate is $26.72 per hour.* | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **UTILISATION OF FUND** | | | | | |
| **How many hours a week is the child or young person attending school?** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
|  |  |  |  |  |
| **What are the things that work well for this child or young person?** | | | | | |
|  | | | | | |
| **What are the specific behavioural issues encountered with enrolling or maintaining child or young person in school?** | | | | | |
|  | | | | | |
| **What are the specific strategies that will be put in place to manage these behavioural issues?** | | | | | |
| **Specific strategy** | | | | | **Timeframe** |
|  | | | | |  |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Copy of Individual Education Plan or Individual Behaviour Plan received?** | | | | | | YES | NO |
| **Information from these plans is in the All About Me plan** | | | | | | YES | NO |
|  | |  |  | | | | |
| **Approved by School Principal** |  | | | **Date** |  | | |
| **Approved by Learning Support Manager** |  | | | **Date** |  | | |
| **Approved by Oranga Tamariki Site Manager** |  | | | **Date** |  | | |
| **Hours/Weeks Approved** |  | | | | | | |
| **Review Date** |  | | | | | | |