2021

Early education grant application

What you need to do

Complete the form

Thank you for your time initiating contact on behalf of the child. Please make sure all sections are complete.

Submit application

Please return completed forms to **fycearlyeducationgrant@portphillip.vic.gov.au**

What comes next

The Early Years Assertive Outreach Worker will be in contact within five to seven business days to confirm the eligibility of the family and the financial process.

Read before starting

Eligibility criteria

Families must:

- Live in the City of Port Phillip.
- Be experiencing a financial barrier to accessing an additional day.
- Not be eligible for the Additional Child Care Subsidy or have tried and been unsuccessful.
- Have been offered or have a position at a children's centre for their child.
- Have exhausted all other funding options.
- Acknowledge and understand that the Early Education Grant will be funded for a maximum of one year and will be reviewed every 3 months (from the child's start date).

At Council's discretion, funding may also be provided to families living in the City of Port Phillip who are experiencing vulnerable circumstances other than the above, that create financial barriers to accessing quality early years education and care. Please provide more details in the reason for application section on the second page.

All applications will be assessed by Council's Early Years Assertive Outreach (EYAO) worker and the Assessment panel on a case by case basis. The EYAO is available to coach families and/or support professionals through applying for the aforementioned funding streams.

Funding is subject to council budget approval processes.

Further information

ASSIST 03 9209 6777

portphillip.vic.gov.au

fycearlyeducationgrant@portphillip.vic.gov.au

1 Declaration

- ☐ I declare the information provided is true and correct.
- ☐ The family understand that the EEG will be funded for a maximum of one year and will be reviewed every three months (from the child's start date).
- ☐ I declare that consent has been obtained by the family to make this referral.
- ☐ I declare that consent has been obtained from the family to share referral information with the Early Years Assertive Outreach Worker.

Privacy policy

The personal/health information Council requested on this form is being collected by the Council for the Family, Youth and Children Department Early Education Grant requirements. The personal/health information will be used solely by the council for that primary purpose or directly related purposes. The applicant understands that the personal/health information provided is for City of Port Phillip Council Family, Youth and Children Department and that the applicant may apply to the council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Privacy Officer.

2 Details of referrer

First name

Last name

Agency or centre name (if applicable)

Role

Best phone number to contact you on

Email

3 Details of parent or caregiver (If same as the referrer go to Question 4)

First parent or caregiver

First name

Last name

Best phone number to contact you on

Email

Second parent or caregiver

First name

Last name

Best phone number to contact you on

Email

4 Details of the child

First child

First name

Last name

Date of birth

/ /

Age

Name of the children's centre the child is attending

Second child

First name

Last name

Date of birth

/ /

Age

Name of the children's centre the child is attending

5 Reason for application

Please ensure your application is child centered with a focus on the child's identity, safety, stability, development and wellbeing.

Office use only

Unique identifier	Date lodged	Approved by panel ☐ Yes ☐ No