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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | |
| Transition from school for students with disability | | | | | | | | | | | | |
| The purpose of remote pathway grants These grants aim to fund and support flexible work experience and community participation programs for students with a disability in remote and very remote schools. Programs are developed locally in response to local needs, with the objective of empowering and skilling students to contribute to the community when they leave school.  Projects are conceived within the school community and in consultation with community members to foster skill development needed to engage in ongoing involvement in the community project, whether paid or unpaid, when the student leaves school. For this reason it is preferable for the project to be placed outside of the school grounds.  All activities should contribute to positive student outcomes as mapped against the key learning areas and General Capabilities of the Australian Curriculum or Senior Years programs and be aligned with realistic future pathways for the students.  A community audit should be conducted as part of the planning process to give a comprehensive overview of local resources, services and agencies available in the community. Appropriate natural supports and mentors could be identified through this process.  A condition of funding is that all students with a disability involved in the project have a current Individual Transition Plan developed using a student-centred approach to identify strengths, capabilities and choices for their future. | | | | | | | | | | | | |
| Application details | | | | | | | | | | | | |
| Project title(s) | | |  | | | | | | | | | |
| Participating school | | |  | | | | | | | | | |
| Principal | | |  | | | | | | | | | |
| Project coordinator details | | | | | | | | | | | | |
| Project coordinator | | |  | | | | | | | | | |
| Email | | |  | | | | | | | | | |
| Phone | | |  | | | | | | | | | |
| Students involved | | | | | | | | | | | | |
| Name | | | | | Date of birth | | Disability | | | | | Are client disability services used? |
|  | | | | |  | |  | | | | | Yes/No |
|  | | | | |  | |  | | | | | Yes/No |
|  | | | | |  | |  | | | | | Yes/No |
|  | | | | |  | |  | | | | | Yes/No |
|  | | | | |  | |  | | | | | Yes/No |
|  | | | | |  | |  | | | | | Yes/No |
| Community audit:  What infrastructure already exists in the school or community that could be utilised for the implementation of this project? | | | | | | | | | | | | |
| Consider the various organisations, businesses or agencies that are currently operational in the community that could be approached to consider future pathways for identified student(s) post school. | | | | | | | | | | | | |
| Agency | | | | Support offered or capacity | | | | Facility | | Key contact | | |
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| Visit potential organisation, business or agency that may be able to offer a future pathway for the identified student(s) and have a conversation with a key person about the intended project. | | | | | | | | | | | | |
| Project proposal | | | | | | | | | | | | |
| Outline the details of the project including the possible community enterprise/pathway in the future for the student(s) involved in the project. | | | | | |  | | | | | | |
| Detail how the identified student(s) with a disability who will be involved in the project will access the activities out of school hours or when the student(s) leave school? | | | | | |  | | | | | | |
| Detail the family support for each of the identified student(s) in this project. | | | | | |  | | | | | | |
| List other people who will potentially be involved in the project, both community members and outside agencies. | | | | | |  | | | | | | |
| Provide details explaining how the project will be supported and monitored in the short term and into the future. | | | | | |  | | | | | | |
| How does this project link to the Australian Curriculum or Senior Years programs? Example: SOSE – Enterprise, Community Studies | | | | | |  | | | | | | |
| Budget | | | | | | | | | | | | |
| Item | | | | | | | | | | | Cost | |
| Equipment requested: (Individually list equipment items and cost for each item) | | | | | | | | | | | $  $ | |
| Consumables requested: (Individually list consumable items and cost for each item) | | | | | | | | | | | $  $ | |
| Support personnel required:   * Hourly rate: $ * Number of hours per day: * Number of days per week: * Total hours per week:   Number of hours per day x number of days per week =   * Number of weeks required: * Total hours required for project:   Total hours per week x number of weeks required =   * Total $ required for support personnel for project:   Total hours required for project x hourly rate = | | | | | | | | | | | $ | |
| Personal items required for Identified Students with a disability involved in the project: (Individually list personal items and cost for each item:  uniform, protective clothing, protective eyewear, shoes, hat, water bottle, etc) | | | | | | | | | | | $  $ | |
| Any other item requested: (Individually list other items and cost for each item) | | | | | | | | | | | $ | |
| Total budget requested | | | | | | | | | | | $ | |
| Note: Should your expenditures exceed the value of the grant sought the school will be responsible to meet the residual expense.  The condition of this grant is that expenses are used for the purpose outlined in the application. Any change to use the funds is through negotiation with the Senior Education Advisor, Transition from School program. | | | | | | | | | | | | |
| Project coordinator’s endorsement | | | | | | | | | | | | |
| I agree to coordinate this project, provide updated reports each semester and ensure all nominated students with a disability are involved in accordance with their Individual Transition Plan. | | | | | | | | | | | Yes/No | |
| Name | |  | | | | | | | | | | |
| Signature | |  | | | | | | | Date | |  | |
| Principal endorsement | | | | | | | | | | | | |
| I support this project and understand that if successful the grant money will be used in accordance to the activity outlined and will be managed and acquitted by our school. | | | | | | | | | | | Yes/No | |
| Name | |  | | | | | | | | | | |
| Signature | |  | | | | | | | Date | |  | |
| Projects must be acquitted by XXXXXX Contact Senior Education Advisor Transition from School  89449335  [sesupport.det@nt.gov.au](mailto:sesupport.det@nt.gov.au)  Student Well Being and Inclusion  Department of Education | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | |