*\* Before filling out this application, you must read the guidelines document. This application can be completed electronically.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| --- |
|  Date :  |
| Applicant (SHS Worker): Agency/Location: |
| Phone No: Email:  |
| Child’s Name: Age: Male [ ]  Female [ ]  |

 |

[ ]  Primary School [ ]  Secondary School Indigenous/ Torres Strait Islander? Yes [ ] No[ ]

Are there funds available from other programs to meet the child’s needs? [ ] No [ ]  Yes

If yes, please explain why you are applying for LMHN funding?

Please provide a summary of the child’s needs as reflected by their case plan, e*nsuring it reflects the child’s needs****.***

School Program Needs

[ ]  Uniform [ ]  Fees [ ] Sports Uniform [ ] Sports Activity

[ ] Materials [ ]  Transport [ ]  Lunch [ ]  Excursion

[ ] Camp [ ] Tuition [ ]  Recreation Prog [ ]  Internet

[ ]  iPad [ ] State School Relief Gap Other :

 Total Funding $ Payable to:

|  |
| --- |
| BSB : Account: |
| Reference for EFT: |
| Recipient details for cheque: |
| Signature: Date: |

**BEFORE SENDING THIS APPLICATION FORM PLEASE CHECK IF YOU HAVE**

[ ]  Read the application guidelines

[ ]  Completed a separate application form for each individual child

[ ]  Included an invoice from the supplier with the child’s name, ABN and EFT details

[ ]  Complete all sections of this form

[ ]  Email to childrensresourceprogram@cnv.org.au