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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  | | --- | | 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