**Creating Connections Education Employment Pathways (CEEP)**

**Application Form**

CEEP funding aims to assist workers to support young people, aged 15-25 years of age, who are homeless

or at-risk of homelessness, to engage and sustain EET pathways, through the purchase of goods and services

related to the EET pathway of the young person, through the provision of grants of up to $1200.

Support workers, who are supporting these young people, can apply for a grant on behalf of their client, using

this application form.

Please see the CEEP Guidelines and Information about funding caps, for further information about the use of

CEEP funds.

Please forward completed application forms to the CEEP Administrator:

**POST:** CEEP Administrator

**Anglicare Victoria**

PO Box 315

Bendigo Vic 3552

**EMAIL:** CEEP@anglicarevic.org.au

The CEEP Administrator will contact you to advise whether this application has been approved/not approved.

Please note, if this application is approved, the submitting worker must provide invoices to CEEP

for reimbursement. This **must be done within a month of approval**, unless other arrangements have been

agreed upon with the CEEP administrator.

**SUPPORT WORKER/SERVICE DETAILS:**

**Contact person:**

**Referring agency:**

**Program Name:**

**Postal address (include postcode):**

**Contact number and email address:**

**Has the attached consent form been signed by both worker and young person?**

Yes No (*please note this form must be signed prior to submitting this application)*

**Service type:**

SAAP Refuge THM Other Type:

*(Please note: Youth Refuge providers in receipt of Refuge Brokerage cannot submit CEEP applications)*

**YOUNG PERSON’S DETAILS:**

**Alpha Code:**

**Gender:**

**Age: D.O.B.**

**Country of Birth:**  Australia Other *(Please specify):*

**Does the Young Person identify as Aboriginal or Torres Strait Islander?** Yes No

**Has this Young Person had previous involvement with the Department of Human Services?**

*(I.e. Protective Services or Youth Justice)* Yes No

**Length of time applicant has been homeless or at risk of homelessness:**

**Type of accommodation:**  THM  Private rental  Share house  Other:

**Primary income: Centrelink**

**Employment** *(e.g. casual, part-time):*

If employment is selected, please indicate whether it is:  Apprenticeship  Traineeship  Other

***Comments:***

**The funding applied for is to be used for the purposes of:**

If employment is selected, please indicate whether it is:  Apprenticeship  Traineeship  Other

***Comments:***

**DETAILS OF THE YOUNG PERSON’S EMPLOYMENT, EDUCATION AND TRAINING PATHWAY:**

1. **Why do you believe the young person is ready to engage in, or continue, their EET pathway? Have you and the young person discussed their EET pathway?** *(Consider their housing situation, goals, recent life events, whether they are currently involved in EET etc)* **Please provide details:**
2. **Have you and the young person considered barriers other than homelessness that they may be facing in returning or sustaining their EET pathway?** *(Other barriers may include mental health issues, family breakdown, drug and alcohol, caring responsibilities, gambling etc)* **Please provide details of discussion and strategies/supports in place to sustain the pathway**:
3. **What is your support period with this young person? What supports are in place for when your support period comes to an end to ensure that the young person’s EET pathway is sustainable?**
4. **What other homelessness, support services and/or EET services are you and this young person working with to ensure this pathway is successful/sustained and how are these services being utilized? *(e.g. Hub, FRMP, JPET, Reconnect)***
5. **Does the young person have an existing case plan?  Yes  No Is this application linked to it? How?**

**Case Plan and Budget Plan:**

**This table is for CEEP items being applied for in this application**. *Insert extra rows as needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **Strategies** | **Short and long term outcomes expected** | **Item required as associated with goal (if applicable)** | **Cost of item requested through CEEP** |
|  |  |  |  |  |
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**This table is for items funded through other means *(e.g. programs, young person, parents).***

*Insert extra rows as needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **Strategies** | **Timeframe** | **Item required as associated with goal (if applicable)** | **Cost of item funded through other sources** |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
| Total | | | | $ |

**CONSENT TO DISCLOSE FORM:**

Regarding all the information provided in my application for CEEP, I understand that:

* The CEEP Administrator will retain the information as support evidence for the CEEP records.
* I (the applicant) understand that the CEEP Panel is a group of independent workers who will look at my application for funding and who will operate in line with the Information Privacy Act 2000. CEEP Panel members will use only relevant information about my personal circumstances and activities provided in the case plan.
* My (the applicant) personal identifying information provided on this consent form will not be given to anybody apart from the CEEP Administrator, the Manager, and the CEEP Panel who review my application.
* Information about the outcomes of my (the applicant) involvement with CEEP may be used as a good example of success when information about CEEP is published or presented in public. However, other people will not know that I have participated in CEEP because my identity will be kept secret.
* As the support worker for this CEEP application, I agree to submit feedback regarding this application and its outcomes on a form specified by the CEEP Administrator.

**Applicants Signature:**

**Date: / /**

**Workers Name:**

**Workers Signature:**

**Date: / /**