

Stream 2 Application Form - 2027 Health and Development Participation Grant

Form Preview

About the grant

* indicates a required field

Instructions for applicants

Before completing this application form, you should have read the program guidelines. Incomplete applications and/or applications received after the closing date will not be considered.

Application Number

This field is read only.

The identification number or code for this submission.

Program Details

This application form is specific for the 2027 Health and Development Participation Grant Stream 2 only. Eligible early learning-led Aboriginal Community Controlled Organisation (ACCO) services are encouraged to apply using this form.

This application form should be completed by Approved Providers* or a duly authorised representative of an Approved Provider and/or SP-Admin account holder* applying for funding under the Health and Development Participation (HDP) Grants Program. The grant is designed to support participation in the Health and Development Checks in Early Childhood Services (HDC) Program in 2027.

Program Guidelines for the 2027 HDP Grants Program are available [here](#), you must read and understand these guidelines before completing your application. Only one application is required per service. Large providers applying for more than 10 early learning services may submit one application on behalf of all services. Applications for the HDP Grants Program are open until **midnight 8 November 2026**.

For assistance with the online application system:

Please contact the Smarty Grants Support Desk by phone on (03) 3920 6888 between 9am and 5pm Monday to Friday or email service@smartygrants.com.au.

Frequently Asked Questions for the 2027 HDP Grants Program are available [here](#). If you have any questions regarding the following, please email earlychildhooddevelopment@det.nsw.edu.au or call the Early Childhood Education Information and Enquiries team on 1800 619 113:

- How to apply for the HDP Grants Program
- Any of the eligibility criteria and what can / cannot be funded
- Whether your service is eligible

Grant Program Name

This field is read only.

The program this submission is in.

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Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://www.dpc.nsw.gov.au/privacy>);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

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Confirmation of eligibility

This statement has been designed to assist you to determine whether you are eligible to make an application for funding under the 2027 HDP Grants Program as outlined in the [2027 HDP Grant Program Guidelines](#).

I confirm that: *

- ☐ The service is an Approved Provider of an education and care service under the Children (Education and Care Services) National Law and/or Children (Education and Care Services) Supplementary Provisions Act 2011 (NSW) operating in NSW.
- ☐ The service delivers a preschool program.*
- ☐ I am registered or am willing to register with the Department of Education's Early Childhood Contract Management System (ECCMS) as the Approved Provider or as the duly authorised representative of the Provider and/or SP-Admin account holder.
- ☐ I understand that ECCMS SP-Account Holder will be required to accept and comply with the Funding Agreement** of the HDP Grants Program and agree to any other requirements set out in the guidelines including completing an acquittals process.
- ☐ The funding being sought as part of this application will not be used for activities or supports already funded through another grant which addresses the same element(s) (e.g. Commonwealth Government or NSW Government grant programs).

At least 5 choices must be selected.

*In the Guidelines, preschool program means an early childhood educational program delivered by a qualified early childhood teacher to children in the year that is 2 years before grade 1 of school, as per the Children (Education and Care Services) National Law (NSW) 2010. ** Grant payments will only be progressed for applicants that are registered in the ECCMS and have accepted the 2027 T&Cs in either the ECCMS or Digital Hub by 31 December 2026, or a specified date as communicated by the department.

Applicant Details

* indicates a required field

Approved Provider Details

Approved Provider Name *

Organisation Name

Approved Provider ID (PR-12345678) *

Must be equal to 8 characters.

Numbers only: Enter your 8 digit PR number as per NQAITS

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN

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Entity Name
ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main Business Location

[More information](#)

Must be an ABN.

Service Details

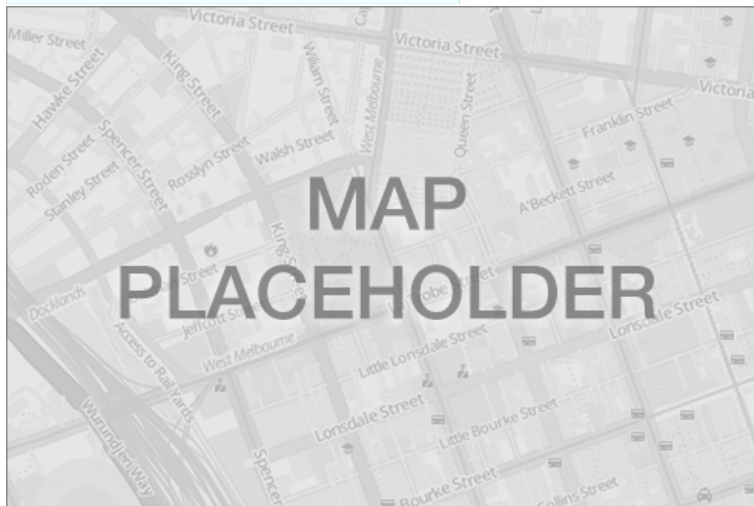
Service name (legal entity name) *

Service approval number (SE-12345678) *

Must be equal to 8 characters.

Service's address *

Address



Service's email address *

Must be an email address.

Service's phone number *

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Must be an Australian phone number.

Contact Details

* indicates a required field

Details of person completing this application

First name *

Last name *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Position *

Are you the Approved Provider of the service and/or the SP-Admin account holder of the service's ECCMS account? *

- ☐ Yes
☐ No

If no, please complete the declaration below

I confirm that: *

- ☐ I am a duly authorised representative of the Approved Provider and SP-Admin Account Holder*

*A duly authorised representative of the Approved Provider and/or SP-Admin account holder is someone who has received permission from their organisation, the Approved Provider and the ECCMS/Digital Hub SP-Admin account holder to submit this application on their behalf.

Eligibility and Funding Rationale

* indicates a required field

Confirmation of eligibility

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Please confirm that your service meets the definition of an Aboriginal Community Controlled Organisation: *

- ☐ Independent, not-for-profit organisation, incorporated as an Aboriginal and/or Torres Strait Islander organisation and/ or is a registered community service.
- ☐ Controlled and operated by Aboriginal and/or Torres Strait Islander peoples.
- ☐ Connected to the community in which services are delivered.
- ☐ Operating under a governing body in which Aboriginal and/or Torres Strait Islander people hold the majority representation.

At least 4 choices must be selected.

Defined under Clause 44 of the National Agreement on Closing the Gap (2020)

Are you an Aboriginal Community Controlled Organisation (ACCO)? *

- ☐ Yes
- ☐ No

Application Assessment

Please refer to Section 6 of the [Program Guidelines](#) for more information on what funding can and cannot be used for and Section 7.6 for reporting requirements

Please select the activity or activities that best describe how you will utilise the funding to support children's health and development: *

- ☐ Providing support for delivery of health and development checks
- ☐ Engagement of allied health professionals or other specialist providers
- ☐ Professional development for educators and teachers
- ☐ Provision of resources to support children's health and/or development

Please briefly explain (in 150 words or less) how the activities will be implemented in your service, and how this will benefit children's health and development outcomes. *

Word count:

Must be no more than 150 words.

Hint - This could include: • How you intend to provide relief time for educators and teachers such as overtime payments or employing casual educators to support HDC participation • NGOs or Allied Health professionals that you will engage with for professional development or to support Aboriginal and Torres Strait Islander families to engage in health and development checks • Professional development you wish to engage with including who will participate and any associated costs such as travel and accommodation

Would like you like Brighter Beginnings Local Health District team to contact you to support the delivery of the health and development checks program? *

- ☐ Yes
- ☐ No

Additional Information for program delivery

What is the predicted number of 4-year-old enrolments at your service for 2027? *

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Additional information on health and development checks

How are you currently delivering health and development checks in your service?

*

Applicant Declaration

* indicates a required field

Final declarations

Please confirm you agree to sharing information: *

☐ I give permission for the department to provide the contact details for the education and care service to the Program Manager at the relevant Local Health District for the education and care service for the purpose of arranging participation in the Health and Development Checks program, or for reporting purposes.

By submitting this application, I agree with the below: *

☐ I, the Approved Provider or duly authorised representative of the Approved Provider, have read and agree to the Health and Development Participant Grant Program Terms and Conditions, and the Health and Development Participation Grant Program Guidelines.

Thank you for completing your application. If you have any questions regarding the program or your application, please review the Program Guidelines for more information or contact the department at earlychildhooddevelopment@det.nsw.edu.au