

# 2021 Aboriginal Families as Teachers Application Form

## Form Preview

### Eligibility & Assessment Criteria

\* indicates a required field

#### Program Overview

The Aboriginal Families as Teachers program aims to strengthen the ability of Aboriginal families to build a rich home learning environment. The Minister for Early Childhood Education has approved an expanded AFaT as an initial implementation initiative of the First Steps Aboriginal Children's Education Strategy. Support for Aboriginal families to participate in early childhood education, particularly with support from Aboriginal community-controlled organisations, also reflects targets of the Closing the Gap agreement, endorsed by the NSW Premier.

Through working directly with families and collaborating with early childhood education services, the Aboriginal Families as Teachers program has been developed to encourage early learning and participation in a quality early childhood education program in the years before school.

The program has six core objectives:

- support Aboriginal families to provide developmentally rich home learning environments for young children birth to five years
- promote literacy and numeracy rich home learning environments
- build families' confidence in their ability to support the healthy development and learning of their children
- support Aboriginal children and their families for successful transitions to school
- promote the importance of early childhood education within families and communities, including participation in a quality early childhood education program for 600 hours in the year before school (at a minimum).
- support Aboriginal children's developmental outcomes across all five domains (physical, social, emotional, cognitive and language)

#### Eligibility Criteria

**1. Is your organisation a previous recipient of the Aboriginal Families as Teachers program funding? \***

- Yes  
 No

**2. Is your organisation an Aboriginal community controlled or owned organisation or business? \***

- Yes  
 No

**3. Will activities be developed by a certificate III or diploma qualified early childhood educator, early childhood education teacher, or other person with a relevant tertiary qualification? \***

- Yes

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No

#### 4. Is your organisation a not-for-profit organisation or association OR a local government entity or body? \*

Not-for-profit organisation or association

Local government entity or body

A local governing body as defined in the Local Government (Financial Assistance) Act 1995 (Cth).

You must attach evidence demonstrating your organisation's not-for-profit status through one of the following:

- current Australian Charities and Not-for-profits Commission's (ACNC) registration
- current state or territory registration as an incorporated association
- copy of constitution or memorandum and articles of association that demonstrate the not-for-profit character of the organisation

#### 5. Please upload documentation demonstrating your organisation's not-for-profit status. \*

Attach a file:

### Local Government Area

Can you confirm your relevant LGA by visiting - [Local Government Area Boundaries and Mapping Information - Office of Local Government NSW](#)

#### 6. Confirm your relevant LGA

#### 6a. Which of the following eligible LGAs do you intend to deliver the program in? \*

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Central Dowling shire | <input type="checkbox"/> Walgett Shire | <input type="checkbox"/> Bogan shire     | <input type="checkbox"/> Bourke Shire      |
| <input type="checkbox"/> Port Stephens         | <input type="checkbox"/> Eurobodalla   | <input type="checkbox"/> Cobar Shire     | <input type="checkbox"/> Wollongong        |
| <input type="checkbox"/> Lake Macquarie        | <input type="checkbox"/> Orange        | <input type="checkbox"/> Forbes Shire    | <input type="checkbox"/> Shoalhaven        |
| <input type="checkbox"/> Newcastle             | <input type="checkbox"/> Mid-Coast     | <input type="checkbox"/> Narromine Shire | <input type="checkbox"/> None of the above |

More than one can be selected.

#### 6b. Do you intend to expand delivery of the program to other communities within your current LGA or to communities in neighbouring LGA's? \*

- Yes  
 No

#### 6c. If yes, which Local Government Areas do you intend to expand into?

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Eligibility against core outcomes and program requirements

**7. Outline your organisation's approach to working with Aboriginal families and communities, including details of relevant experience. \***

Word count:  
Must be at least 50 words.  
Minimum 50 word

**7a. Attach any relevant documentation.**

Attach a file:

**8. Outline your organisation's approach to working with Aboriginal families and children aged 0-5 years, including details of relevant experience. \***

Word count:  
Must be at least 50 words.  
Minimum 50 word

**9. Please outline your organisation's relationship with early childhood education providers in the community in which the program is being proposed? \***

Word count:  
Must be at least 50 words.  
Minimum 50 word

## Organisation details

\* indicates a required field

**10. Are you an approved early childhood education service provider? \***

- Yes  
 No

## Organisation details

**11. Organisation Name \***

Organisation Name

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### 12. Organisation 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	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### 13. Organisation Primary Address \*

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

### 14. Organisation Primary Phone Number \*

Must be an Australian phone number.

### 15. Organisation Primary Email \*

Must be an email address.

### 16. Contact Name \*

Title      First Name      Last Name

            

### 17. Contact Position \*

### 18. Contact Primary Phone Number \*

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Must be an Australian phone number.

### 19. Contact Primary Email \*

Must be an email address.

## Approved provider details

### 20. \*Approved Provider ID (PR-12345678 as per NQAITS)

\*If applicable

### 21. Approved Provider Name \*

Organisation Name

### 22. Approved Provider 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	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### 23. Approved Provider Primary Address \*

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia  
NSW

### 24. Approved Provider Primary Phone Number \*

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Must be an Australian phone number.

### 25. Approved Provider Primary Email \*

Must be an email address.

### 26. Contact Name \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 27. Contact Position \*

### 28. Contact Phone Number \*

Must be an Australian phone number.

### 29. Contact Email \*

Must be an email address.

## Program details

\* indicates a required field

### Program description

Note: this application uses 'program' to refer to the activities/program you are applying for funding for under Aboriginal Families as Teachers.

The description must specify the following:

- The model of delivery e.g. home visiting or centre based group activities
- The length and frequency of program activities e.g. number of hours per day, number of days per week, total number of weeks.

### Program reach

### 30. Please provide a detailed description of the proposed program. \*

Word count:

Must be at least 50 words.

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### 30a. Attach any relevant documentation.

Attach a file:

### 31. How many Aboriginal families do you expect to participant in the program? \*

Must be a whole number (no decimal place) and no more than 100.

### 31a. How many Aboriginal children do you expect to participant in the program? \*

Must be a whole number (no decimal place) and no more than 100.

### 32. If the program is an existing program, how will the funding for which you are applying be used? Note that funding cannot be used to replace existing funding sources. \*

Word count:

Must be at least 50 words.

### 33. Outline the strategies that will be used to engage Aboriginal families in the program. \*

Word count:

Must be at least 50 words.

Minimum 50 word

## Program requirements

The proposed program and activities must be:

- Structured but flexible to respond to the needs of families, children and the community
- Family-centred
- Strengths-based and culturally appropriate (recognising and building on the strengths of Aboriginal culture and ways of teaching young children)
- developed by a certificate III or diploma qualified early childhood educator, early childhood education teacher, or other person with a relevant tertiary qualification
- linked with early childhood services in the community, including participation in 600 hours of early childhood education in the year before school (at a minimum)
- linked to engaging and sustaining partnerships with community stakeholders to support the capacity of families to enhance early development outcomes for children birth to five years

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- Where appropriate, given the geographical context, social service infrastructure and community feedback, AFAT providers should offer home visits in combination with playgroups to maximise outcomes for parents and children
- Where necessary, service providers should offer transportation for parents and children to attend playgroups and access centralised wrap-around support services
- AFAT providers should co-design and collaborate with local Aboriginal services and communities on the design and implementation of the AFAT program. The program should respond to local community needs
- Supportive of Aboriginal children's development outcomes across all five domains (physical, social, emotional, cognitive and language)

### 34. How will the program meet these program requirements? \*

Word count:  
Must be at least 50 words.

### 34a. Attach any relevant documentation.

Attach a file:

## Program objectives

Aboriginal Families as Teachers has six core objectives:

- support Aboriginal families to provide developmentally rich home learning environments for young children birth to five years
- promote literacy and numeracy rich home learning environments
- build families' confidence in their ability to support the healthy development and learning of their children
- support Aboriginal children and their families for successful transitions to school
- promote the importance of early childhood education within families and communities, including participation in a quality early childhood education program for 600 hours in the year before school (at a minimum).
- support Aboriginal children's developmental outcomes across all five domains (physical, social, emotional, cognitive and language)

### 35. Do you agree to participate in the monitoring of developmental progress against the five domains in the Australian Early Development Census (AEDC) through the department's acquittal process? \*

- Yes, I agree  
 No, I do not agree

### 36. How will the program align to these objectives? \*

Word count:



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Must be at least 50 words.

### Program outcomes

Outcomes are specific and measurable aspects of your program's objectives.

For example, if your proposed program aims to build families' confidence in their ability to support the healthy development and learning of their children, then an anticipated outcome would be that families feel more confident in their parenting skills.

#### 37. What are the anticipated outcomes of the proposed program? \*

Word count:

Must be at least 50 words.

### Program staff

#### 38. Who will develop the program activities? \*

- Early Childhood Teacher
- Diploma
- Certificate III
- Other:

- None of the above

At least 1 choice and no more than 1 choice may be selected.

Activities must be developed by an Early Childhood Teacher, Diploma qualifie

#### 39. What is the proposed staffing structure of the program?

Full Name	Qualification	Role	Hours per week on program

### Community consultation

\* indicates a required field

#### Aboriginal community consultation

#### 40. Does your organisation or business have support from the local Aboriginal community to deliver the program? \*

- Yes
- No

#### 40a. How is this support demonstrated? \*

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Word count:  
Must be at least 50 words.

### **40b. Please upload supporting documentation.**

Attach a file:

This may include a letter from the local AECG, the Local Aboriginal Land Council or other Aboriginal organisation.

### **41. How will Aboriginal families from the community be involved in the design and delivery of the program? \***

Word count:  
Must be at least 50 words.

## Links with early childhood education services

The program must facilitate change to engagement within early childhood education services and Aboriginal children and their families. Providing Cultural safe pathways in early childhood services with community links, including participation in 600 hours of early childhood education in the year before school (at a minimum).

Early childhood education services includes community preschools and long day care centres.

### **42. How will the program facilitate links with early childhood services in the community? \***

Word count:  
Must be at least 50 words.

### **43. Please detail any collaboration with early childhood services in the community in designing the program. \***

Word count:  
Must be at least 50 words.

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### 43a. Please upload supporting documentation.

Attach a file:

### Partnerships with other community stakeholders

The program must engage and sustain partnerships with community stakeholders to support the capacity of families to enhance early development outcomes for Aboriginal children 0-5 years.

This may include establishing a community advisory board to guide the program.

### 44. Describe partnerships with community stakeholders that the program will draw on to support the capacity of families to enhance early development outcomes for Aboriginal children 0-5 years. \*

Word count:

Must be at least 50 words.

## Timeline and financial information

\* indicates a required field

### Timeline

### 45. Please provide a program timeline of budget cost per year. This must specify the start and end date of the program. \*

If you are attaching files, write "See attached".

### 45a. Please upload relevant documentation. \*

Attach a file:

### 46. Budget

Outline your program budget including details of other funding that has been confirmed and/or applied for.

Expenditure can include the following:

- salaries

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- educational resources
- equipment
- travel/transport
- administration etc.

Expenditure	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

### Budget Totals

#### 47. Total Expenditure Amount \*

\$

This number/amount is calculated.

#### 48. Total cost per child of your program, based on the total number of children you intend to engage in the program

This number/amount is calculated.

#### 49. Provide evidence of the financial sustainability of the service. (E.g. financial statements for the previous year, AGM minutes, comprehensive budgets): \*

Attach a file:

## Applicant Declaration

\* indicates a required field

**Note: providing false or misleading information may result in the withdrawal of funding.**

*The person signing this declaration must be authorised to submit this application on behalf of the Approved Provider.*

*Please read and sign the declaration below:*

I, the undersigned, declare that:

- the information in this application, including all documents attached to or forming part of this application, is to the best of my knowledge true and correct,
- where I am giving this undertaking and making this declaration as the applicant's delegate, I am duly authorised by the applicant to do so

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- I confirm that I have read and agree to comply with the guidelines and spending rules located on the Aboriginal Families as Teachers web page
- I agree to comply with the Terms and Conditions on the Early Childhood Education Contract Management System
- I confirm the service will keep evidence of expenditure as part of the acquittal process
- I confirm that I am authorised to submit the application form on behalf of the service
- I confirm that the initiative/s outlined in this application have not been funded by the Department through another Early Childhood Education Directorate program

### Signatory

**Name \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position \***

**Phone Number \***

Must be an Australian phone number.

**Date of Declaration \***

Must be a date and no earlier than 20/9/2021.