

Ninganah No More 2021-25

Form Preview

Program Overview & Eligibility criteria

* indicates a required field

Ninganah No More Program Overview

The Ninganah No More Aboriginal language program has been established to increase the level of Aboriginal languages being taught in early childhood services in NSW. The program provides an opportunity for Aboriginal culture and identity to be developed and nurtured in the earliest stage of formal education, and provides a basis for the ongoing development of Aboriginal language skills at higher levels of education.

In July 2021, the NSW Government released the *First Steps Aboriginal Children's Early Childhood Education Strategy*. The strategy places a strong emphasis on Aboriginal family and community engagement, child-centred services and the promotion of Aboriginal culture and identity in early childhood settings. The provision of Aboriginal language instruction is a specific objective of the Strategy, and the Ninganah No More program has been redesigned to support the delivery of the Strategy's goals.

Eligibility Criteria

1. Is your early childhood education service within the area of one of the proposed early childhood education Aboriginal language hubs? (see Table 1 in the guidelines) *

- Yes
- No

Click [here](#) for the Ninganah Program Guidelines

1a. Please indicate the Local Government Area within which you will deliver the Ninganah No More program? *

2. Is your organisation a not-for-profit, a local government body, and Aboriginal community-controlled organisation, or an Aboriginal business engaged in the early childhood service sector? *

- Not-for Profit Organisation
- Local Government Body
- Aboriginal community-controlled organisation
- Aboriginal business

No more than 2 choices may be selected.

3. What is the minimum number of Aboriginal children you expect to deliver the language program to? *

Must be a number.

Ninganah No More 2021-25

Form Preview

4. Will the program be co-developed and delivered by a Certificate III, Diploma, or early childhood teacher qualified educator employed at your service or participating services? *

- Yes
- No

5. Will the language component of the program be co-developed and delivered by an Aboriginal and/or Torres Strait Islander person who has support to deliver a local Aboriginal language program? *

- Yes
- No

Organisation Details

* indicates a required field

6. Who is lodging this application? *

- A recognised Aboriginal and/or Torres Strait Islander Organisation
- An approved Early Childhood Education service provider
- A recognised Aboriginal and/or Torres Strait Islander Early Childhood Education service provider
- An Aboriginal business

If you are an existing provider, please indicate your provider type

6a. If the applicant organisation is an approved early Childhood education provider, please provide an approved provider ID (PR-12345678) - Numbers Only

Must be a number.

Enter your 8 digit PR number as per NQAITS.

7. Organisation Name *

8. Primary Contact Full Name *

9. Position of Primary Contact *

10. Primary Contact Phone Number *

Must be an Australian phone number.

11. Primary Contact Email *

Must be an email address.

Ninganah No More 2021-25

Form Preview

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

12a. Is your organisation registered as an Aboriginal business or organisation with any of the following bodies: *

- Supply Nation
- NSW Indigenous Chamber of Commerce
- Office of the Registrar of Indigenous Corporations (ORIC)
- None of the above

13. Organisation Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Program Partners

* indicates a required field

14. Please attach evidence of recognition as an Aboriginal and/or Torres Strait Islander organisation or business.

Examples of evidence include Office of the Registrar of Indigenous Corporations (ORIC) registration, documentation showing 51% Aboriginal ownership, or any other relevant documentation. *

Attach a file:

Ninganah No More 2021-25

Form Preview

15. Please provide the name and position of the Aboriginal and/or Torres Strait Islander individual or individuals who are approved to develop and deliver the language program from your organisation or business.

Full Name	Position

16. Early childhood education service details

How many early childhood education services will be engaging in the program please indicate how many *

Must be a number.

17. Please provide the name and service type of each early childhood education service who will be participating in the program.

Name of Service	Service Type	Service Location

18. Please provide the name, qualification, and service details of each early childhood educator who will be co-developing and delivering the program. Educators must be Certificate III, Diploma, or early childhood teacher qualified.

Full Name of Educator	Qualification	Service Name	Service Type

19. Please attach a supporting letter from each early childhood education service participating in the program. The letter should include the following:

- Confirmation that the service supports the application and will be participating in the program if successful
- For each educator named as participating in the program, confirmation of employment at the service and qualification (written confirmation is sufficient)
- A key contact from the service.

Upload supporting documentation below. *

Attach a file:

Program Partners

* indicates a required field

20. Will the language teaching component of the program be co-developed and delivered by an Aboriginal and/or Torres Strait Islander person who has the necessary community and organisational support to deliver a local Aboriginal language program.

- Yes
- No

21. Please provide the name and qualification of each educator who will be co-developing and delivering the program at your service. Educators must be certificate III, diploma, or early childhood teacher qualified.

Full Name	Qualification

22. Please provide the name and service type of each additional early childhood education service who will be participating in the program.

Service Name	Service Type	Service Location

23. Please provide the name, qualification, and service of each early childhood educator who will be co-developing and delivering the program from participating services. Educators must be Certificate III, Diploma, or early childhood teacher qualified.

Full Name	Qualification	Service	Service Type

24. Please attach a supporting letter from each early childhood education service participating in the program. The letter should include the following:

- Confirmation that the service supports the application and will be participating in the program if successful
- For each educator named as participating in the program, confirmation of employment at the service and qualification (written confirmation is sufficient)
- A key contact from the service.

Upload documents below.

Attach a file:

25. Language Program Partner

Please select who will be delivering the language program *

- A recognised Aboriginal and/or Torres Strait Islander Organisation or business
- An Aboriginal and/or Torres Strait Islander individual

Organisation Details

* indicates a required field

26. Organisation Name *

27. Organisation Address *

Address

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

28. Primary Contact Name *

29.. Primary Contact Position *

30. Primary Contact Phone Number *

31. Primary Contact Email *

32. Please attach evidence that the organisation delivering the language program is recognised as an Aboriginal and/or Torres Strait Islander organisation or business.

Examples of evidence include ORIC registration, documentation showing 51% Aboriginal ownership, or any other relevant documentation. *

Attach a file:

Ninganah No More 2021-25

Form Preview

33. Please provide the name and position of the Aboriginal and/or Torres Strait Islander individual or individuals who is approved to develop and deliver the language program from the organisation.

Full Name	Position

34. Please attach support documentation from the organisation. This should outline support for the application and confirm participation in the program.

Upload documentation below. *

Attach a file:

Individual Details

* indicates a required field

35. Individual Name *

36. Individual Phone Number *

37. Individual Email Address *

38. Please provide supporting documentation from a local Aboriginal organisation stating support for the individual to deliver a language program (organisations providing support may include the local AECG, the Local Aboriginal Land Council, or other appropriate Aboriginal organisation). *

Attach a file:

Language Program Details

* indicates a required field

Program requirements

Applicants will be required to demonstrate in their application that their program contains the following features:

Ninganah No More 2021-25

Form Preview

- address the objectives of the Ninganah No More program.
- incorporate the teaching requirements (number of children and quantity of language being taught) as set out in the category of grant being applied for.
- the language teaching is primarily focused toward Aboriginal children.
- teaching activities are developed by a certificate III or diploma qualified early childhood educator, early childhood education teacher, or other person with a relevant tertiary qualification.
- utilise language teachers who are accepted by the Aboriginal community as having the skills, qualifications, and experience to teach language.
- the program should, where possible, monitor and record children's experiences and achievements in learning Aboriginal language.

39. How will the language program align to the Ninganah No More objectives?

Please provide a comprehensive response addressing all objectives. The objectives as described in the program guidelines are:

- embed Aboriginal language and culture into ECE educational programs.
- increase the number of Aboriginal children learning an Aboriginal language.
- ensure Aboriginal children remain connected to culture and grow their cultural identity through language.
- develop stronger links between early childhood education services and their local Aboriginal communities.
- create inclusive learning environments and encourage all children to learn an Aboriginal language.

Describe below. *

minimum 50 words

40. Name of language that will be taught. *

Example: Dunghutti Language

41. Please provide a detailed description of the project. This should include the way in which it will be delivered, the frequency and length of sessions, and any other relevant information about the program. Describe below or attach project description below. *

Word count:

Ninganah No More 2021-25

Form Preview

minimum 50 words

41a. Program description.

Attach a file:

42. Please describe the annual program timeline. This can be described below or uploaded as a document. *

Word count:

minimum 50 words

42a. Program timeline.

Attach a file:

43. Number of Aboriginal children that you anticipate will participate in the program. *

Must be a number.

44. Total number of children that you anticipate will participate in the program. *

Must be a number.

45. Please describe the level of language knowledge and ability of the person co-developing and delivering the language component of the program. *

Word count:

minimum 50 words

46. For the person delivering the language component of the program, please describe previous experience in delivering a local Aboriginal language program. *

Word count:

minimum 50 words

Ninganah No More 2021-25

Form Preview

47. Will funding sought under this application be used to expand existing program delivery (please note that funding cannot be used to replace existing funded program delivery)? *

- Yes
- No

47a. If yes, please describe the existing program and how the language program proposed under this application expands upon existing program delivery.

Word count:
minimum 50 words

Budget details

* indicates a required field

48. Please indicate which category of grant you are applying for. *

- Reawaken (\$0 - \$20,000)
- Grow (\$20,000 - \$50,000)
- Nurture (\$50,000 - \$100,000)

50. Total annual amount being requested. *

\$

Must be a dollar amount.

51. Please provide details of any financial contribution made by your organisation or partnering organisations in delivering this language program (if relevant).

Contributing organisation

Monetary contribution

	\$
--	----

52. Expenditure breakdown for proposed program (add extra rows as needed).

Proposed activity

Cost

	\$
--	----

Applicant Declaration

* indicates a required field

Ninganah No More 2021-25

Form Preview

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 primary applicant.

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
- I confirm that I have read and agree to comply with the guidelines and spending rules located on the Ninganah No More 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

Full Name *

Position *

Phone Number *

Must be an Australian phone number.

Date *

Must be a date.