



Shire of Denmark

South Coast Highway (PO Box 183), Denmark WA 6333

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Email: enquiries@denmark.wa.gov.au

Website: www.denmark.wa.gov.au



APPLICATION FOR SCHOOL HOLIDAY PROGRAM INCLUSION FUNDING

Denmark Recreation Centre

Name of Applicant (Parent or Guardian): _____

Address in Full: _____

Phone: _____ (home) _____ (work) _____ (mobile)

Email address: _____

Name of child: _____ Age of child: _____ M / F: _____

Disability of Child: _____

Is your child registered with Disability Services Commission? _____ Yes / No

Name of Support Worker: _____

Address of Support Worker: _____

Phone: _____ (home) _____ (work) _____ (mobile)

Qualifications or Experience: _____

Are you confident that the Support Worker has the appropriate qualifications and/or experience to care for the Child? _____ (Yes / No)

As part of the funding agreement it is a requirement of the Shire of Denmark that the Support Worker holds the following *(a copy of each document must be provided to the Centre)*.

Working with Children Check: _____ Yes / No

National Police Clearance: _____ Yes / No

Amount of Funding requested: _____

GENERAL INFORMATION AND RULES OF FUNDING AGREEMENT

[pursuant to Council Policy P110312]

- The maximum amount of funding available per family, per application, is \$150.00 per day or 6 hours (whichever is the less).
- It is the responsibility of the family applying for funding to employ a suitable Support Worker for their child attending the Denmark Recreation Centre - Holiday Activities.
- The Support Worker must;
 - Have a Working With Children Check, a Police Clearance and not be a family member;
 - Clearly understand the needs of the person that they are working with and have been directed by the family as to the level of care needed;
 - Understand that they are going into the Recreation Centre environment and may be directed by the Staff in the Centre in relation to the activities during the Holiday Program.
- Funding must be approved prior to attendance at the Recreation Centre Holiday Activities.
- Funding applications are subject to funds being available in the Council's current budget.
- Funding payments will be made at the conclusion of each Holiday Program via Direct Debit.

BSB: _____

Account number: _____

Account Name: _____

I have read and agreed to the General Information and Rules of Funding Agreement & certify that the information I have provided is true and correct.

Signature of Parent or Guardian: _____

Date: _____

Office Use Only

Application Approved or Refused: _____

Date: _____

Shire of Denmark Representative: _____

Position Held: _____

Special Conditions (if any): _____

Attendance Dates/Times: _____

A General Journal Request must be forwarded through to Finance for the amount of funding approved.

General Journal completed: Y / N Date: _____