Study Support Centre

Application Form

This application form is to be used by schools and community groups applying for funding to run a Study Support Centre.

The form must be completed in full, signed and submitted by the Applicant to the closest regional Ministry of Education office (refer [education.govt.nz](http://www.education.govt.nz/our-work/contact-us/regional-ministry-contacts/learning-support-services/)).

The purpose of the Study Support Centre is to provide additional educational support for students in Year 3-8, from schools identified by the Equity Index, who may be at risk of educational under-achievement.

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| Section One – Study Support Centre contact details |
| Name of Applicant |  |
| Name of proposed Study Support Centre |  |
| Type of venue proposed, for example classroom, library, and so on |  |
| Physical address of proposed Study Support Centre |  |
| Phone number  |  | Mobile number |  |
| Email address |  |
| How would you prefer to be contacted |  |

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| Section Two – Minimum requirements  |  |
| Please confirm the following by circling either ‘Yes’ or ‘No’ |  |
| You are able to provide your services to year 3-8 students from schools identified by the Equity Index. | Yes / No |
| A minimum number of 15 year 3-8 students will regularly attend and participate each session held at the Study Support Centre | Yes / No |
| You will run Study Support Centre sessions for a minimum of six hours each week  | Yes / No |
| The Study Support Centre Director will be a registered teacher | Yes / No |
| All participating year 3-8 students will have access to ICT facilities, including the internet | Yes / No |
| The Study Support Centre Director will:* take responsibility for meeting reporting and administrative requirements
* have a proactive role in the Study Support Centre
 | Yes / No |
| All staff (other than registered teachers) and contractors will be safety checked in accordance with Part 3 of the Vulnerable Children Act 2014 if they have, or are likely to have, unsupervised access to students at Study Support Centre during opening hours | Yes / No |
| The premises are of a suitable size and type to deliver the Study Support Centre sessions and have adequate bathroom facilities for the number of attendees | Yes / No |
| The property to be used for the centre meets all current occupational, Health and Safety at Work Act requirements | Yes / No |
| All participating year 3-8 students will be provided with suitable food and drink during each session | Yes / No |
| The programme delivered will meet the ethnic, cultural, and identified educational needs and/or other needs of the participating year 3-8 students | Yes / No |
| The programme will provide opportunity for whānau feedback and the community of learners | Yes / No |
| Ministry funding will only be used for the running and operational costs and employment of staff (for example, not for the purchase of computers etc.). | Yes / No |
| Caregivers and/or students will not to be ‘charged’ or ‘part-charged’ any amount for student(s) to be able to attend the Study Support Centre’s sessions. | Yes / No |

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| Section Three – Outline of Programme  |
| **Please provide an outline of the programme you plan to offer, including:** |
| * the types of things you plan to do and focus on in the Study Support Centre
* the reasons you think this Study Support Centre is an important service for the year 3-8 students attending
* how the Study Support Centre will address the identity, language, cultural, educational needs and/or other learning needs of the participating year 3-8 students into the Study Support Centre’s Learning Objective programme.

Note: You are expected to develop a ‘Learning Objective’ based on the collective learning need identified across the group of participating year 3-8 students. The Learning Objective must relate to an area of learning from *The New Zealand Curriculum* and be measurable. An example of a Learning Objective is “Students’ will progress one Year level for reading, by the end of the school year.”(Please continue on a separate sheet of paper if necessary.) |
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| Section Four – Any other information  |
| **Please provide any other relevant information and/or documentation that will support your application.** |
| For example:* Can demonstrate a broad community, iwi, and local area knowledge.
* Referrals from – for example, the community networks, iwi and schools, the Study Support Centre – will be loaded.
* Sufficient experience, skill set, and knowledge to provide this type of service.
* Knowledge and understanding of financial records and accounts.

(Please continue on a separate sheet of paper if necessary.) |
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By signing this form, I confirm that the information and any attached documentation is accurate and correct.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_