|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date received** |  | **Student Identification** |
|  |  |  |  |

Before completing:

* An early intervention specialist should complete the form with the parents/whānau or caregivers, early childhood teacher and the professionals providing support to the child.
* Please read the ORS guidelines before completing this application.
* Check [www.education.govt.nz](http://www.education.govt.nz) [Apply for Ongoing Resourcing Scheme (ORS)](http://www.education.govt.nz/school/student-support/special-education/ors/apply-for-ors/) for the latest version of this form.
* Keep a copy of this application on file.
* Please print and scan application form in colour.

|  |  |
| --- | --- |
| Date: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child | | | | | | | | | | |
|  |  | | | |  |  | | |  | |
| First name: |  | | | |  | Family name: | | |  | |
|  |  | | | |  |  | | |  | |
| Also known as: |  | | | |  | Gender: | | |  | |
|  |  | | | |  |  | | |  | |
| Date of birth: |  | | | |  | Age: | | | Years       Months | |
|  |  | | | |  |  | | |  | |
| Ethnic Group(s): | 1) |  | | 2) |  | | | | 3) |  |
|  |  | | | |  | | |  |  | |
| First language: |  | | Other: | | | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parents/Caregivers | | Parent 1 |  | Parent 2 |
|  |  | |  |  |
| First name: |  | |  |  |
|  |  | |  |  |
| Family name: |  | |  |  |
|  |  | |  |  |
| Postal address: |  | |  | If different from Parent 1 |
| Postcode: |  | |  |  |
|  |  | |  |  |
| Phone: |  | |  |  |
|  |  | |  |  |
| Email: |  | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Early Childhood | | | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Early childhood service: | |  | | | | | | | | | | |
|  | | | |  | | | | | | | | | | |
| Phone: | | | |  | |  | | Email: |  | | | | | |
|  | |  | | | | | | | | | | |
| Early intervention provider: | |  | | | | | | | | | | |
|  | | | |  | | | | | | | | | | |
| Phone: | | | |  | |  | | Email: |  | | | | | |
| School to be attended | | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| **Copy of letter sent to school?**   Yes  No | | | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Proposed enrolment date: | |  | | | | | | | | | | |
|  | |  | | | | | | |  |  |  | |
| Name of school to be attended: | | [School Name] | | | | | | |  | Facility No: |  | |
|  | |  | | | | | | |  |  |  | |
| Principal: | |  | | | | | | | | | | |
|  | |  | |  | |  | | | | |  | |
| Postal address: | |  | | | | | | | | | | |
| Postcode: | |  | |  | |  | | | | |  | |
|  | |  | |  | |  | | | | |  | |
| Phone: | |  | |  | | Email: | |  | | | | |

|  |
| --- |
|  |

A letter with the decision will be sent to:

* Parent/caregiver
* Educator who completed this application
* Principal
* Fundholder

You may enter one additional person to receive of copy of the letter with the decision

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Additional person to receive a copy of the letter | | | | |
|  |  | | | |
| First name: |  | | | |
|  |  | | | |
| Family name: |  | | | |
|  |  | | | |
| Postal address: |  | | | |
| Postcode: |  | | | |
|  |  |  |  |  |
| Phone: |  |  | Email: |  |

|  |  |  |
| --- | --- | --- |
| Instructions to Early Intervention Lead Worker  * Refer to information on [Criterion 2.3 for ORS – students with visual impairment](http://www.education.govt.nz/school/student-support/special-education/ors/criteria-for-ors/ors-criterion-2/#VisualImpairment) on [education.govt.nz](http://www.education.govt.nz/). * Provide up to date information from the child’s file. * Describe the skills the child accomplishes independently and what the child can do with specified means of support. * Only provide information that has been requested. * Ensure you complete all the information requested on the front page and the Declaration page. | | |
|  | | |
| Exploration | * involvement in the physical environment and attending, trying things out and concentrating * problem solving and persisting when there are difficulties * understanding concepts | |
| Text box will expand | | |
|  | | |
| Other information not included in this application | | **Include as appropriate:**   * age when blindness diagnosed * use of Braille/pre-Braille skills used or being taught * current ophthalmologist’s report/letter * early childhood services - history of involvement * education support worker - hours per week * specialised equipment/technology currently used * recent immigrant - date of arrival * diagnosis, date made and specialist designation * designation of specialist/s and service/s currently provided |
| Text box will expand | | |
|  | | |

### Complete the Declaration (next page).

### Send the completed form by

1. **Email**

Scan the completed form including the signed Declaration page and send to [manager.eligibility@education.govt.nz](mailto:manager.eligibility@education.govt.nz) . Do **not** post a duplicate print copy.

If no scanner is available, email the form as an attachment. Post the signed Declaration page (**only**) to the address below.

### Or

1. **Post**

Assurance and Eligibility

Learning Support

Ministry of Education

PO Box 1666

Wellington 6140

**Applications are acknowledged by email within two working days of receipt.**

**Please contact us by email at** [**manager.eligibility@education.govt.nz**](mailto:manager.eligibility@education.govt.nz) **or phone 04 463 8016 or 04 463 8182 if acknowledgment is not received.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Declaration | | | | | | | | |
|  |  | | | |  |  | |  |
| By the educator completing this application I have read the completed application and confirm the information is accurate. | | | | | | | | |
|  |  | | | |  |  | |  |
| Child’s name: | |  | | | | | | |
|  |  | | | |  |  | |  |
| Name of Educator: | |  | | |  | Job title: | |  |
|  |  | | | |  |  | |  |
| Place of employment: | |  | | | | | | |
|  | |  |  |  | | |  | |
| Postal address: | |  | | | | | | |
| Postcode: | |  | | |  |  | |  |
|  | |  | | |  |  | |  |
| Phone: | |  | | |  | Email: | |  |
|  | |  | | |  |  | |  |
| Educator’s signature: | | |  | | --- | |  | |  | |  | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Educator’s Manager | | | | |
| I have read the completed application and confirm the information is accurate. | | | | |
|  |  |  |  |  |
| Name: |  |  |  |  |
|  |  |  |  |  |
| Job title: |  |  | Signature: |  |

## By the parents/caregivers

I have read the information in this Application Form and agree that it is an accurate description of my child. I allow it to be given to, and used by, the Ministry of Education to decide on the eligibility of my child for entry into the Ongoing Resourcing Scheme (ORS) and to be given to, and used by, educators and Ministry staff when deciding whether to proceed with any further applications for ORS. If my child is eligible for the ORS, I give consent for this information to be given to others involved in the allocation of learning support resources and to professionals providing learning support services for my child.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/caregiver signature: |  | Date: |  |