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

Before completing:

* Please read 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.
* An educator e.g. early childhood educator should complete the form with the parents/caregivers, and the professionals providing support to the student.
* Keep a copy of this application on file.
* Please print and scan application form in colour.

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| --- | --- | --- | --- | --- |
| Date: |  |  | Criterion number: |  |
|  |  |  |  | Nominate the main criterion or criteria relevant to the student’s needs. |

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|  |  |  | NSI/NSN: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  | |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | |  | | | |

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|  |

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: |  |

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| --- | --- | --- |
| Use Te Whāriki strands as a guide to describe the child’s skills and learning across settings and the specific strategies used. | | |
|  | | |
| Belonging | Include: taking an interest in an activity; involvement in the environment; understanding and willingness to follow routines and the limits and boundaries of acceptable behaviour; response to change.  Use information from bilingual assessments where appropriate. | |
| Text box will expand | | |
|  | | |
| Well-being | Include: willingness to be involved in the learning situation; personal care for eating, drinking, toileting awareness and continence; sense of responsibility for own well-being and that of others; making choices; maintaining concentration.  Use information from bilingual assessments where appropriate. | |
| Text box will expand | | |
|  | | |
| Exploration | Include: problem-solving; imitating; generalising; interest in trying things out; persisting when there are difficulties, challenge or uncertainty; understanding of concepts; large and fine motor skills.  Use information from bilingual assessments where appropriate. | |
| Text box will expand | | |
|  | | |
| Communication | Include: understanding and responding to all languages used; using language meaningfully; motivation to communicate a point of view or feelings to others in a range of ways; engaging in conversation; intelligibility; use of augmentative communication.  Use information from bilingual assessments where appropriate. | |
| Text box will expand | | |
|  | | |
| Contribution | Include: relationships with others; taking turns; enjoyment of social interaction; understanding the needs of others and taking another’s point of view.  Use information from bilingual assessments where appropriate. | |
| Text box will expand | | |
|  | | |
| Interventions | | |
| Summarise the specific programmes or interventions the child has received, from whom and give their job title. | | Length of intervention e.g.  hours per week, number of weeks |
| Text box will expand | | |
|  | | |

|  |  |
| --- | --- |
| Other information  not included in  this application | **Include where relevant:**   * early childhood services – history of involvement * specialised equipment/technology currently used * immigrant students – length of time in NZ and history of education prior to arrival in NZ * diagnosis, date made and specialist designation * current audiogram/s showing both unaided and aided hearing. * current ophthalmologist’s report. |
| 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.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | |
|  |  |  |  |  |
| Name: |  |  |  |  |
|  |  |  |  |  |
| Job title: |  |  | Signature: |  |

## By the people providing information used in this application

I have read the completed application and agree that the information I have provided is used appropriately.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Job title | Signature | Date |
|  |  |  |  |
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## 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, school and Ministry staff when deciding whether to proceed with any further application 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: |  |