Applications must be submitted by the 10th of each month to be assessed that month and invoices returned within two months of approval for payment.

The submitting worker named below and agency take responsibility for this application and must complete the CEEP Feedback/Progress (Appendix 7) as provided by the CEEP brokerage administrator upon approval. If invoices are not submitted within two months of approval, applications will be cancelled and agencies will be expected to **re-apply for funding**. If an extension is required, please contact the CEEP administrator.

Please email all applications to harrison.ceep@vt.uniting.org

Referring Agency: Team Leader:

Contact Person:

Program:

Are you a SHS/SAAP funded agency? Yes  No Date of application:

Postal Address:

Suburb: Postcode:

Contact Phone Number:

Email:

Has the attached permission form been signed by both yourself and the young person? This form must be signed prior to submitting the application. Yes No

Is the young person homeless or at risk of homelessness?  Yes  No

## Young Person’s Details (Must be between 15-25 years of age)

Applicant Name: Alpha Code: Gender:

Date of Birth: / / Age:

Country of birth: Australia Other: Year of arrival?

Main Language spoken at home? Other Language spoken at home?

Does the applicant identify as Aboriginal or Torres Strait Islander?
Aboriginal TSI N/A

Has the CEEP candidate accessed CEEP funding in the last 12 months?  Yes  No

Primary income (Identify one only):

Is the CEEP candidate currently engaged in any Employment, Education or Training activities?

 Education Employment Training  Other

The funding applied for is to be used for the purposes of (See definitions in Guidelines)

 Education  Employment  Training  Other

1. Is the CEEP candidate ready to engage in or continue their EET pathway?

  Yes  No

If no, please state why?

1. Have you and the CEEP candidate considered barriers other than homelessness that they may be facing? These may include:

|  |  |  |  |
| --- | --- | --- | --- |
|  Mental Health |  Gambling |  AOD |  Financial |
|  Family/Relationship Breakdown |  Other:  |

Has a discussion of strategies taken place to sustain pathway?  Yes  No

1. Do you have a current support period with the CEEP candidate?  Yes  No

If yes, how long weeks/months?

1. Does the young person have an existing case/action/housing support plan?

  Yes  No

1. Are these EET goals part of this action/housing/support plan?  Yes  No
2. Current situation of CEEP candidate?

## Plan and Budget Plan

This table is for CEEP items being applied for in this application. Insert extra rows as needed.

|  |  |
| --- | --- |
| **Alpha Code:**  | **Office use only** |
| Goal | Strategies | Short and long term outcomes expected | Item required as associated with the goal (if applicable) | Cost of item requested through CEEP | Payment method and date required | Payment date |
|  |  |  |  | $ |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  | $  |  |  |
|  |  |  |  | $  |  |  |
| Total | $ |  |  |  |  | $ |

## Consent to Disclose Form

Regarding all the information provided in my application for CEEP I understand that:

· The CEEP Administrator will retain the information as support evidence for the CEEP records.

· I (the applicant) understand that the CEEP Panel is a group of independent managers/workers who will look at my application for funding and who will operate in line with the Information Privacy Act 2000. CEEP Panel members will use only relevant information about my personal circumstances and activities provided in the case plan.

· My (the applicant) personal identifying information provided on this consent form will not be given to anybody apart from the CEEP Administrator, the Manager, and the CEEP Panel who review my application.

· Information about the outcomes of my (the applicant) involvement with CEEP may be used as a good example of success when information about CEEP is published or presented in public. However, other people will not know that I have participated in CEEP because my identity will be kept secret.

· As the support worker completing this CEEP application I agree to submit invoices for reimbursement and the feedback form by the due dates.

Applicant’s Name: \_

Applicant’s Signature: \_ Date: / /

 **I have read the above and give consent to the submission of this application**

Worker’s Name: \_ (Please Print) Date: / /

Agency Line Manager Signature: