



**PSCQ**  
A PREMIUM WORKFORCE  
FOR CHILDREN'S SERVICES

# IN-SERVICE CONTRIBUTION PROGRAM

## APPLICATION FOR IN SERVICE CONTRIBUTION ROUND 2 2009/10

APPLICATIONS  
CLOSE 29 JANUARY 2010

USE THIS FORM ONLY



# GUIDELINES

## OBJECTIVE

The program objective is to support children's services ability to hold customised professional development ('in house') for target children's services in Queensland.

## BACKGROUND

In response to a substantial number of requests, PSCQ has developed the In Service Contribution Program to reflect the diverse needs of children's services across the state. The In Service Contribution may be accessed by services that would like to plan and organise their own professional support in house.

## TARGET GROUP

Target children's services in Queensland.  
*(Child care services receiving CCB are considered target.)*

## ELIGIBILITY

For the purposes of the In Service Contribution Program children's services must both:

- Be considered a **target** service by PSCQ.
- Have a current, financial membership with PSCQ.

Applications will only be considered from target services.

Only one application will be approved per service, per financial year (July to June).

## PRIORITIES

Priorities established by PSCQ for the allocation of funds are as follows:

- Where an identified need is not being met;
- Where the identified needs correlate with the IPSP key performance indicators from the state plan;
- Where services are committed to combine with others in the region to offer the in service professional development;
- Where services are committed to ongoing learning opportunities;
- Where services are committing their own funds to the in service professional development.

Applications for a contribution towards first aid training and qualifications will not be approved.

Professional Support Coordinator Queensland will also prioritise to ensure a fair and equitable distribution of funds across the regions, service types and organisations.

The contribution from the PSCQ is **supplementary** only.

## CONTRIBUTION

The In Service Contribution may be available to support target services to offer in house professional development opportunities.

Funding levels may vary dependant on demand, and reimbursement will be made upon receipt of **all** relevant paperwork.

Contributions will be paid as a reimbursement against the cost of the **presenter fees only**. Payments will be based on actual amounts paid, as identified by receipts, and will not exceed the maximum amount of support available to your service. Selected regions may also be able to access a contribution towards associated travel costs for presenters where required. **All** other costs will be at the expense of the service applying.

Payment can only be made directly to a service or organisation, not an individual.

## PRESENTERS

**All** arrangements for the in service professional development are the responsibility of the service.

PSCQ may be able to help by supplying you with relevant details of presenters who may have expertise in your chosen topic. If your chosen presenter is not known by PSCQ we may ask you to supply further information on them including an overview of their area of expertise, a current bio and details of insurance.

Children's services cannot access a contribution towards a presentation by someone from within their own organisation, scheme or service, etc.

**THIS FUNDING IS SUPPLEMENTARY ONLY**



# APPLICATION INFORMATION

The **application** must be returned by the due date. Applications received after the closing date will not be considered.

**All** relevant sections of the application must be completed and if required further evidence attached.

Children's services that accept the contribution accept the full responsibility for the provision of the in service professional development.

The intention of this funding is to offer customised support, not to hold an 'event' whereby profit will be made.

The contribution can only be used for in service professional development for children's services professionals. The funding cannot be utilised to offer 'workshops' or information to parents attending the service.

The contribution is not intended to cover all the costs of an in service professional development. Funding is **supplementary only**, a **contribution** towards the cost of supporting professional development in an in service setting.

For the purpose of this document when referring to a children's **service** this will include all service types including those who may be identified as an organisation and or scheme, etc.

The Signing Authority is responsible for all accountability requirements of the project. **If the Signing Authority of the service changes** after the submission of the application and before the in service professional development is complete, **PSCQ must be notified in writing**.

Successful applicants will be notified by email no later than 10 days after the closing date for applications. **ALL** applications are considered pending until they have been formally approved in writing. We suggest you do not sign any formal contracts with presenters before receiving confirmation of a successful application.

**All email enquiries to:** [pscq@workforce.org.au](mailto:pscq@workforce.org.au)

## Essential Information

Applications for round one must be received by: 29 January 2010

The children's service should retain a copy of the application.

Please read the application carefully and provide all the information as requested. Failure to complete the form accurately will delay the funding approval process for all applications.



# SECTION 1 — SERVICE DETAILS

<b>Service Name</b>										
<b>Contact Person Name</b>										
PRINT NAME HERE										
<b>Postal Address</b>										
<b>Suburb</b>						<b>Post Code</b>				
<b>Telephone Number</b>										
0	7									
<b>Facsimile Number</b>										
0	7									
<b>E-mail Address</b>										
<b>Eligibility</b>										
Is your service a TARGET service? (Circle Answer)										
<b>NOTE: Target Services are those receiving Child Care Benefit</b>								<b>YES</b>	<b>NO</b>	
Is your service a current member of PSCQ?(Circle Answer)										
								<b>YES</b>	<b>NO</b>	
<b>PSCQ Membership Number</b>										
<b>PSCQ region (Circle answer)</b>										
Brisbane North (1N) Brisbane South (1S) Gold Coast (2) Logan Redlands (3) Ipswich (4) Moreton Bay (5) Sunshine Coast (6)					South West Darling Downs (7) Wide Bay Burnett (8) Central West Fitzroy (9) Mackay (10) North Queensland (11) North West Queensland (12) Far North Queensland (13)					
<b>Signing Authority</b>										
I, _____, as Signing Authority of the above-mentioned, have read and understood the service details. I verify the information relating to the eligibility of the service and the information listed in this application.										
<b>Signature:</b>					<b>Sign here</b>					
<b>Date:</b>										



# SECTION 2 — PROPOSED IN SERVICE DETAILS

**COMPLETE IF YOUR SERVICE HAS ALREADY IDENTIFIED A TOPIC & PRESENTER**

**Presenter's Name** (Attach further details if available)

PRINT NAME HERE

**Telephone Number**

0

7

**Website (if available)**

**E-mail Address**

**Please identify which IPSP Key Performance indicator the planned in service will be addressing (Circle Answer)**

Leadership

Inclusion

Management

Relationships/Partnerships

Play Based Curriculum

Quality Framework

*Other please supply details...*

**Please identify the proposed in service professional development topic**

**Please supply an overview of the content/outcomes of the proposed in service professional development (Attach further information if available)**

**Please identify why this need has been identified in your service**



# SECTION 2 — PROPOSED IN SERVICE DETAILS

**COMPLETE IF YOUR SERVICE HAS IDENTIFIED A TOPIC BUT WOULD LIKE PSCQ TO SEND INFORMATION ON POTENTIAL PRESENTERS**

**Please send information on potential presenters on our proposed in service professional development topic (Circle Answer)**

YES

NO

**Please identify which IPSP Key Performance indicator the planned in service will be addressing (Circle Answer)**

Leadership

Inclusion

Management

Relationships/Partnerships

Play Based Curriculum

Quality Framework

*Other please supply details...*

**Please identify the proposed in service professional development topic**

**Please supply an overview of the content/outcomes of the proposed in service professional development (Attach further information if available)**

**Please identify why this need has been identified in your service**



# SECTION 2 — PROPOSED IN SERVICE DETAILS

EVENT DETAILS		
Proposed date of in service professional development event (month/year)	Month	Year
Number of participants expected to attend (Please indicate both a maximum and a minimum number)	Minimum	Maximum
Proposed total cost of presenter for in service professional development	\$	
Proposed total cost of presenter's travel and accommodation in relation to in service professional development (if applicable)	\$	
Proposed contribution requested from PSCQ	\$	
We plan to join with other services within our region to offer this in service professional development opportunity (Circle Answer)	YES	NO
	If yes please supply details below	
Service name & contact person	Phone	Email
1.		
2.		
3.		
4.		
5.		

## CHECKLIST

**IN SERVICE CONTRIBUTION APPLICATION**

Please ensure that all sections are complete.

Failure to complete the form accurately will **delay the funding approval process for all applications.**

Incomplete applications may be declined without consultation or consideration.

**All sections must be completed.**

- Section 1 – Service details
- Section 2 – Proposed In Service details
- Any supporting documents or details attached
- Retain a copy of the application and attachments for your records

**RETURN ORIGINAL APPLICATION TO:**  
 Health & Community Services Workforce Council  
 PSCQ In Service Contribution  
 Ground Floor, 303 Adelaide Street, BRISBANE QLD 4000  
 Phone: 1800 112 585 Email: [pscq@workforce.org.au](mailto:pscq@workforce.org.au)