Flying Start Professional Network
Form Preview

Contact Details

* indicates a required field

*Please note: in this example form - contact fields have been linked to feed into the contact directory area. If you use this form, double check you are happy with the 'contact type' fields. To learn more about contact types see Help Hub.

Organisation Details

Name of Organisation or Service *

Australian Business Number *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

Is your organisation *
- ○ Aboriginal Community Controlled Organisation
- ○ Aboriginal owned business
- ○ Not applicable

Registered for Goods and Services Tax (GST) *
- ○ Yes
- ○ No

Organisation addresss *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Please provide a copy of your insurance Certificate of Currency *

Attach a file:

Community Connection

If your organisation is NOT based in South Australia, please provide details about the organisations you support in South Australia.

Word count:
Must be no more than 100 words.

How is your organisation connected with the delivery or support of early learning services, or children and families? *

Word count:
Must be no more than 100 words.

Contact for Application

Contact person *

Title	First Name	Last Name

Position title *

Contact person phone number (business hours): *

Contact person email address *

Alternate Contact Details

Alternate contact person

Title	First Name	Last Name

Position title

Alternate contact phone number (business hours)

Must be an Australian phone number.

Alternate contact email adddress

Must be an email address.

Application Type

* indicates a required field

Please refer to the Flying Start Professional Network Grant Guidelines and ARIA index to check eligibility for each grant type.

Type of grant applied for *
☐ Type 1 - Metropolitan - up to $37,000 over 2 years
☐ Type 2 - Outer regional and remote - up to $57,000 over 2 years
☐ Type 3 - Aboriginal Professionals Network (state-wide) - up to $185,000 over 2 years

Is this a new or existing professional network? *
○ New
○ Existing

Geographic Location

* indicates a required field

OECD Region

Please refer to the OECD website for information about the geographic footprint for each region.

[Local Teams to support early childhood reforms | Office for Early Childhood Development](#)

In which OECD region will the professional network be located? *
○ State-wide (Type 3 grant only, state-wide Aboriginal Professional Network)
○ Region 1: Adelaide CBD, eastern suburbs
○ Region 2: Western suburbs
○ Region 3: Inner southern suburbs
○ Region 4: Inner-northern suburbs, Adelaide Hills
○ Region 5: Outer northern suburbs, Barossa Valley
○ Region 6: Outer southern suburbs, Fleurieu Peninsula
○ Region 7: Yorke Peninsula, Eyre Peninsula, Outback
○ Region 8: Riverland, Limestone Coast

Which geographical areas within the OECD region are included? *
○ The whole of the OECD region
○ Partial coverage of the OECD region
○ Whole-of-state (Type 3 grant)

Geographic Coverage

Where partial coverage is proposed, please provide a map with the area/s highlighted

Attach a file:

Partial coverage reason

Word count:
Must be no more than 120 words.
Where partial coverage is intended, please provide an overview and the factors that have led to the identification of this geographical area.

Professional Network Membership

* indicates a required field

Proposed Membership

Details about the local organisations that will be members of the professional network. Please include all members that have agreed to participate in the network as well as those that will be approached as part of recruitment.

Tip: Click on 'maximise' to show all columns and information required.

Name of organisa (or individua if commun leader or Aborigin Elder)	Address of organisa	Type of service provide or role in the commun	Is the organisa an ACCO or Aborigin Owned Business	If an ECEC service, approve provider name	If an ECEC service, approve provider ID	Is the service intendin to be a provider of 3-year-old pre-school?	Is this an existing or new relations	Do you have written evidence that the organisa (or individua has agreed to participa in the professi network

Membership Support

How will the professional network include and induct new providers of 3-year-old preschool as they sign on as providers later in the funding period? *

Word count:
Must be no more than 200 words.

If a network already exists, how will you 'reset' to welcome new members and ensure the forward agenda is collaboratively designed and owned?

Word count:
Must be no more than 200 words.

Delivery Partners

Proposed Delivery Partners

Details of other organisations (if any) that have agreed to work in partnership with you to deliver the Professional Network.

Name of organisation (or individual)	Address of organisation	Role in professional network	What type of contribution is the organisation providing?	Written evidence that the organisation has agreed to undertake this role in the professional network

Assessment Questions

* indicates a required field

Co-design and Data Literacy

What is your knowledge and experience of co-design (or how will these skills be acquired)? *

Word count:
Must be no more than 200 words.

How will co-design principles and practices be applied to support the development of a collaborative agenda and action plan with members? *

Word count:
Must be no more than 200 words.

How will local data be used to support exploration of strengths and challenges with members (such as the Australian Early Development Census) *

Word count:
Must be no more than 200 words.

Network Management

What methods will you use to recruit members? *

Word count:
Must be no more than 200 words.

What is the approach to delivering 4 meetings per year including online and in-person formats? *

What is your approach to how the forward plan will be managed and tracked to ensure collaborative progress towards goals? *

Word count:

How will you actively support the maturity of the professional network over the funding period such as how activities will be sustained beyond the funding period or how the network will be closed. *

Word count:
Must be no more than 200 words.

Organisational Capacity and Capability

What skills, expertise and human resources will your organisation provide to deliver the management and operational aspects of the professional network? *

Word count:
Must be no more than 200 words.

How will you ensure the professional networks are safe and inclusive for professionals from diverse backgrounds from your local community? *

Word count:
Must be no more than 200 words.

What are the specific processes and practices you will include to integrate cultural safety into the professional network? *

Word count:
Must be no more than 200 words.

Proposed Budget

* indicates a required field

Please refer to the Flying Start Professional Network Grant Guidelines for information about items that are eligible for grant funding.

Budget item 1 - Grant funds should include items that your organisation is seeking funding for to support delivery of the professional network.

Budget item 2 - Co-contribution should include items that your organisation or other organisations will contribute to the Professional Network (if applicable).

Budget Item 1 - Grant Funds

Please don't add commas to figures, eg. write $1000 (not $1,000). For grant type 2 and type 3, please include travel costs.

Budget item name	Short Description	$	Does this amount include GST:
		Must be a dollar amount.	

Travel Cost (Grant type 2 and 3 only)

Travel costs are available for type 2 and type 3 professional network grants. If you have included travel costs in your budget, it is a condition of funding that you will administer the travel component to ensure a consistent and equitable methodology for reimbursements.

I understand this funding condition and can provide a copy of the travel and reimbursement policy for the Professional Network, on request. *
○ Yes
○ No

Budget Item 2 - Co-contribution

Please provide details of the portion of project funding (if any) to be provided by the applicant or other delivery partner. This may include cash, in-kind contributions such as human resources or funding from other sources.

Budget item name	Short description	$ (Estimated value)	Does this amount include GST
		Must be a dollar amount.	

Total Co-contribution

Must be a dollar amount.
Total estimated amount that your organisation and other delivery partners will contribute to the professional network.

Budget Summary

Please provide an overview of the number of services and children who will benefit from the professional network. *

Word count:
Must be no more than 200 words.

Please provide a summary of how the application represents value for money. This should include refernce to proposed grant funds and co-contribution, where applicable. *

Word count:
Must be no more than 200 words.

Declaration and Privacy Statement

* indicates a required field

New Section

Applicants should be aware that the Office for Early Childhood Development (OECD) is subject to certain legislative, Parliamentary and administrative accountability and transparency requirements of the Australian Government and Government of South Australia, including public disclosure in accordance with Department of the Premier and Cabinet policy.

The OECD will treat all information provided by applicants sensitively. Any information contained in, or relating to, an application, including information identified by an applicant as confidential, may be disclosed by the OECD:

- to its employees, advisers or third parties in order to evaluate and assess an application
- within the Government of South Australia or other entities where this serves the legitimate interest of the OECD
- in response to a request by a House or Committee of the Parliament of the Commonwealth of Australia or South Australia
- if the application is successful, for promotion of project activities and outcomes
- where information is authorised or permitted by law to be disclosed
- where the information is already in the public domain.

Declarations *

☐ I am aware the Grant Conditions outlined in the Flying Start Workforce Grants Program Guidelines will apply to successful proposals.

☐ I understand that the information contained in this application will be used in accordance with relevant legislation and policies and procedures.

☐ If successful, I agree to undertake the proposal as stated and provide the required evidence to demonstrate that the grant was expended in accordance with the agreement.

☐ I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.

☐ I agree that I will contact the Office for Early Childhood Development immediately via OECD.ECWorkforceSupport@sa.gov.au, if any information provided in this application changes or is incorrect.

☐ I have collected and recorded the information or evidence as outlined in the application form and can if asked provide copies of this evidence.

At least 6 choices must be selected.

Name *

Title   First Name   Last Name

Position *

Date of declaration *

Must be a date.