



Postal Address
PO Box 4503 Knox City Centre 3152

Ph: (03) 9871 8700
Fax: (03) 9801 3134

Email: enquiries@harrison.org.au
Website: www.unitingcareharrison.org.au

CEEP

Application Form

Applications must be submitted by the 10th of each month to be assessed that month and invoices back in by the 10th of the month for refund.

The submitting worker named below and Agency take responsibility for this application must complete the CEEP Feedback/Progress (Appendix 7) as provided by the administrator of the CEEP Brokerage funds if this application is approved. If invoices are not submitted by the 10th of the following month agencies will be expected to **re-apply for funding**.

Please email all applications to CEEP@harrison.org.au.

Contact Person: _____

Referring Agency: _____ Team Leader: _____

Program: _____

Are you a SHS/SAAP funded agency? Yes No

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)

Alpha Code: _____ Gender: _____ Date of Birth: / /

Age: _____ Country of birth: Australia Other: _____

Does the Young Person identify as Aboriginal or Torres Strait Islander? Yes No

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)If Employment is selected, please indicate if it is:

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? _____

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

Mental Health Gambling DOA Financial

Family/Relationship Breakdown Other: _____

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

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

If yes, how long weeks/months? _____

4. Does the young person have an existing case/action/housing support plan? Yes No

5. Are these EET goals part of this action/housing/support plan? Yes No

6. 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.

Applicants Name: _____(Please Print) 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: _____