# SSMH4 – Application for supplementary funding to support students with mental health difficulties

Students who have more serious mental health difficulties may require resources in addition to what the school can provide. When applying for supplementary funding, schools must demonstrate that:

• consultation has occurred with a clinical care provider;

• the student has significant and/or intensive mental health difficulties;

• all local resources have been explored (e.g. community funding, utilising resources/support from other government organisations or non-government organisations); and

• risk assessments have been conducted and risk management plans are in place.

When completed, this form should be forwarded to the Director, Education Services (or equivalent) in your regional office. A delegated regional officer will advise the school of the outcome of the application.

**Student details:**

|  |  |
| --- | --- |
| Student’s last name:       | Date of birth:       |
| Student’s first name:       | Age:       |
| EQ ID number:       | Gender:       |
| School:       | School year level:       |

**Personnel involved:**

|  |
| --- |
| **School**: e.g. parent/carers, case manager, guidance officer, class teacher/s |
| * Name / Parent/carer
 |
| * Name / Role
 |
| * Name / Role
 |
| * Name / Role
 |
| * Name / clinical care provider
 |
| **Region**: e.g. PAES, senior guidance officer |
| * Name / Role
 |
| * Name / Role
 |
| **Interagency**: e.g. clinical care provider, Department of Child Safety, Youth and Women  |
| * Name / Role
 |
| * Name / Role
 |

**Supporting documentary evidence to be provided (must include the following):**

|  |  |
| --- | --- |
| Student plan (including personalised learning plan) |  Attached: [ ]  Yes [ ]  No  |
| Risk management plan and risk management analysis/assessment |  Attached: [ ]  Yes [ ]  No  |
| Individual assessments (e.g. Functional behaviour assessment) |  Attached: [ ]  Yes [ ]  No |
| Any other documentary evidence which should be considered |  Attached: [ ]  Yes [ ]  No |

**Indicate additional resources this student receives:**

|  |  |
| --- | --- |
| Evolve, RAI, etc. |  [ ]  Yes [ ]  No |
| National Disability Insurance Scheme | [ ]  Yes [ ]  No |
| Refugee |  [ ]  Yes [ ]  No |
| Multicultural (e.g. settlement support) |  [ ]  Yes [ ]  No |
| Indigenous |  [ ]  Yes [ ]  No |
| Education Support Funding |  [ ]  Yes [ ]  No |
| Student with Disability Funding |  [ ]  Yes [ ]  No |
| Over allocation / Regional resources  | Amount / Time       |
| Within school resources  | Amount / Time       |
| Specialised Teacher-aide hours | Amount / Time       |
| Other |  |

**Proposed use of funding (must complete)**

|  |
| --- |
|  |

**Other relevant information**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Principal signature:** | **Date:** |

## **The student’s personal information included on this form has been collected, used and distributed** for the purpose of ascertaining and establishing referral and support options for the student’s suspected mental health difficulty, **with the informed consent of the student and/or their parent/carer, pursuant to s.426(4) of the** [***Education (General Provisions) Act 2006* (Qld)**](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2006-039)*.*