RS3 Initial Application for Funding for an Early Childhood Service



This form collects information that the Ministry will use to calculate your service's first advance funding payment. It should be completed with advice from your regional Ministry of Education office.

Once the form is complete, return it to your regional office.

Make sure this form is signed by an appropriate person from your service's management, and has been stamped and initialled by your bank or has a pre-printed deposit slip attached.

1. Early Childhood Service		
Service Name in Full		
Ministry of Education Service Number		
Service Postal Address	Building	
	Street	
	Suburb	
	Town/City	Postcode
Contact Person for queries about this form		
Contact Number		
2. Verified Bank Account Details for Future	Payments	
Complete bank account details		
2. Attached pre-printed deposit slip OR obtain b	·	initials
(Note: any alterations must have bank stamp3. Complete both signatories OR services with	•	sole signatory" in the second field
Bank	3 ,	
Branch		
Account Name		Don't Okama and Initials
Account Number		Bank Stamp and Initials
Bank and Branch	Account	Suffix
To be certified by two signatories, one of whom n		-
Signatory One Signature	Name (block letters)	Position Held
Signatory Two Signature	Name (block letters)	Position Held
3. Financial Year End / GST Number	.K	
	Please provide your GST numb	er.
service's financial year	If you are not GST registered th write NIL.	
enas:		nistry accounting requirements only.
Ministry of Education Office use only (com	pleted by Regional Of	fice):
Pay Unit / Organisation Number (To create the Supplier Number)		

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4. Days of Operation

Enter the first five months from the date that the service was licensed.

For each month: - enter the number of days the service will operate as Teacher-led (TL) All Day (A) and Sessional (S), and - enter the number of days the service will operate as Parent-led (PL).

Month															
Provision Type: Teacher-led (TL) & Parent-led (PL)	Т	L	PL												
Licence Class: All Day (A) & Sessional (S)	А	S		А	S		А	S		А	S		А	S	
Forecasted days open															

5. Estimated Number of Children Attending and Estimated Hours

For each day of a chosen week i.e. during a week that you identify as being an average week in the period:

- 1. Estimate the average number of children per day for: Under 2, 2 & Over, 20 Hours ECE and Plus 10.
- 2. Estimate the total number of hours you can claim funding for per day for: Under 2, 2 and Over, 20 Hours ECE and Plus 10.
- 3. Estimate the total number of children who will receive 20 Hours ECE over the week.

Note: • You may claim funding up to:

- 6 hours per day for Under 2 and / or 2 & Over per licensed childplace
- 6 hours per day for 20 Hours ECE and / or Plus 10 per eligible child
- You may claim a maximum of:
- 30 hours per week for Under 2 and / or 2 & Over per licensed childplace
- 20 hours per week for 20 Hours ECE per eligible child
- 30 hours per week for 20 Hours ECE + Plus 10 per eligible child
- · Numbers expected to attend must not exceed the maximum number on your licence
- The estimated average number of children must not exceed 75% of the licence maximum
- The Ministry retains the right to reduce any advance funding paid to your service
- The Ministry retains the right to request proof and evidence to support the numbers claimed on this RS3 form
- · Any overpayments that occur due to over-claims on this RS3 form are repayable to the Ministry immediately

Funding effective date	

С	ay of Week	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Cub sidu Hadan O	Children							
Subsidy Under 2	Hours							
Subsidy 2 & Over	Children							
	Hours							
20 Hours ECE	Children							
	Hours							
Plus 10	Children							
	Hours							

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6a. Proportion of Certificated Teachers (Estimated Staff Hour Count)

Education and Care services and Kindergartens (with an All Day or Mixed licence) MUST complete this section.

If your service is Homebased, Parent/Whānau-led, Playcentre or Kindergarten (with a Sessional licence) Go to Section 7.

Proportion of Certificated Teachers:

Your funding rate depends on the proportion of regulated (ratio) staff hours that are worked by staff who are ECE qualified or Primary qualified and holders of current practising certificates. For details about how this is usually calculated, and what hours to include, see the ECE Funding Handbook, which is available from www.education.govt.nz

The estimated staff hour count data for All Day Kindergartens is applicable to their "All Day" days only.

Follow the steps below to calculate your proportion of certificated teachers for your first funding claim:

- 1. Estimate the number of regulated ratio hours worked by teachers during the first five months.
- 2. Total the hours under each heading (A and B) for both All Day and Sessional days; add these totals to find a grand total of All Day and Sessional hours (C).

Month	Operating Status	Estimated hours worked by ECE qualified and certificated teachers		Estimated hours w by all other ratio teachers	orked		
	All Day						
	Sessional						
	All Day						
	Sessional						
	All Day						
	Sessional						
	All Day						
	Sessional						
	All Day						
	Sessional						
Total	All Day	= /	4		= B		= C (A+B
Total	Sessional	= /	4		= B		= C (A+B
3. Calculate the Al	II Day percentage	Α	1	С	X 100	=	%
4. Calculate the S e (Not required for k	essional percenta Kindergartens)	age A	I	С	X 100	=	%

This percentage figure will be used to place your service into one of the following funding bands: 0-24%, 25-49%, 50-79% 80-99% and 100%

A higher band will give you a higher hourly funding rate per child-hour.

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6b. Attestation of Certificated Teachers' Salaries

Education and care services that want to access higher funding rates must pay all employed ECE and primary qualified certificated teachers at least the amount(s) specified in the salary scale defined in the ECE Funding Handbook available on the Education.govt.nz website.

Once open, what steps on the salary scale described in the ECE Funding Handbook will your service be using to determine the minimum salaries paid to all employed ECE and primary qualified certificated teachers?

(tick one only) No Step O Step 1 Step 1 - 6 Step 1 - 11

By answering 'No Steps' to this question, your service is identified as having not met the funding conditions related to the Salary Scale. Your service will, therefore, be paid at the lowest level of funding.

By answering 'Step 1' to this question, your service is identified as meeting the funding conditions related to the salary scale for this salary range. Your service will therefore have access to the base funding rates.

By answering 'Step 1 to 6' to this question, your service is identified as meeting the funding conditions related to the salary scale for this salary range. Your service will therefore have access to the parity funding rates.

By answering 'Step 1 to 11 + Management' to this question, your service is identified as meeting the funding conditions related to the salary scale for this salary range. Your service will therefore have access to the extended parity funding rates.

7. Declaration

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To be completed by the management of the named service.

You must complete the declaration in full or your application will not be processed.

I certify that, to the best of my knowledge, the information contained on this form is true and correct.

I understand that:

- if I have made a false statement or
- if I have failed to answer all questions in full or
- if I do not provide documentation supporting the funding claim or
- if I do not make documents available for inspection or
- if I do not tell the Ministry of Education of changes that may affect funding claims or rates

then

- The funding claim may be reviewed and funding withheld and / or
- I will have to pay back the total amount of any overpayment and / or
- I may be prosecuted and fined or imprisoned.

By signing this declaration, I am confirming that this funding claim is made in accordance with the conditions outlined in the *Early Childhood Education Funding Handbook* and that the Ministry can withhold all or some of the funding if there is a breach of any of these conditions.

Name					
Signature	X				
Date		1	1		
Designation					

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