

### Request for individualised support

- If completed by the DCJ District Commissioning and Planning team (in agreement with & on behalf of TEI Service Provider), please Cc the TEI provider when submitting to NCOSS.
- If request is initiated by TEI Service Provider, we recommend working with your CPO/district on questions 7 & 11 (NCOSS will do this for you if left blank). Please Cc your CPO when submitting.
- Either way, please email the request to: [teiasist@ncoss.org.au](mailto:teiasist@ncoss.org.au)

#### A) ABOUT THE TEI SERVICE PROVIDER

<b>Date of request:</b>			
1) Organisation/TEI service provider			
2) Business address			
3) DCJ district	SELECT ONE FROM THE FOLLOWING: <ul style="list-style-type: none"> <li>• Murrumbidgee, Far West &amp; Western NSW Districts</li> <li>• Hunter &amp; Central Coast Districts</li> <li>• Mid North Coast, Northern NSW &amp; New England Districts</li> <li>• Western Sydney &amp; Nepean Blue Mountains Districts</li> <li>• Sydney, South Eastern Sydney &amp; Northern Sydney Districts</li> <li>• South Western Sydney District</li> <li>• Illawarra Shoalhaven &amp; Southern NSW Districts</li> </ul>		
4) TEI service provider contact person	Name:	Position:	Phone: E-mail:
5) TEI funding	TEI-funded service/s relevant to this request:		

#### B) ABOUT THE DCJ DISTRICT LINKED TO THIS REQUEST

6) DCJ officer (e.g. CPO/ Commissioning & Planning Officer)	Name:	Position:	Phone: Email:
---	-------	-----------	------------------

#### C) ABOUT THE REQUEST

The request will focus on support that TEI-funded services would need in order **to achieve a specific Milestone or 'significant change'** that was identified as a result of the contracting process.

- |   |   |
|---|---|
| 7) What goal or 'significant change' is the TEI service provider aiming to achieve in relation to this request? <u>Note</u> : Going through the <a href="#">Entry Interview 'self-assessment'</a> as well as referring to the 'milestones' in the TEI Schedule will help identify a goal. | 9) Is there a preferred TEI Individualised Support (IS) agency from the current list of <a href="#">IS panel members</a> ? If so, please specify: |
|---|---|

#### D) IMPORTANT

**DCJ District Officer (or NCOSS in consultation with DCJ) to provide info for this section.**

- 11) **PACKAGE ALLOCATION:**  
What is your recommended number of hours for this request (based on the 'significant change', and in relation to other district priorities). Please specify either 10 or 20 hours: \_\_\_\_\_
- 12) **ENTRY INTERVIEW** (optional):  
Districts are invited to fill out the [entry interview form](#) to provide context for this request to the Individualised Support agency. If the District chooses to complete the Entry Interview, please submit to NCOSS along with this request form.

**What next?** Please refer to [Flowchart](#) for more information. Queries to [teiasist@ncoss.org.au](mailto:teiasist@ncoss.org.au)