

# TEI Sector Assistance Strategy **Individualised Support**

## 'ENTRY INTERVIEW', updated 5/7/19

To be accomplished by TEI IS Support Agency with TEI requester on first contact. Please attach to/with Support Plan when you submit to [teiasist@ncoss.org.au](mailto:teiasist@ncoss.org.au)

Date:	Interviewer (name and org):	Interviewee (name and org):
<b>Request for support: TEI provider's identified priority areas of need.</b>	1)	
	2)	
	3)	

<p><b>Current condition (related to the request)</b></p>	<p><b>Desired condition (Goal/s by the end of the support period)</b></p>
<p><b>Difficulties to address in order to reach goal by the end of the support period (barriers)</b></p>	<p><b>Factors that will assist the accomplishment of your goal (enablers)</b></p>

**How may I support you? (list specific activities)**

# TEI Sector Assistance Strategy Individualised Support

## SUPPORT PLAN (updated 5/7/19)

To be accomplished by TEI Individualised Support Agency with TEI service provider, after entry interview and before commencement of service.

**Note:** This Support Plan serves as the Service Agreement between NCOSS, the Individualised Support Agency and the TEI service provider (“requester”) upon completion of all relevant fields and on sign-off of all parties. Please feel free to add an extra page.

<b>Date of this Support Plan (date signed):</b>	
<b>TEI INDIVIDUALISED SUPPORT AGENCY</b> Organisation: Support Provider Name: Signed*:	<b>TEI SERVICE PROVIDER/“REQUESTER”</b> Name: Organisation: Signed*:
* <b>Digital signature is allowed and preferred.</b> By signing above, you agree that you’ve discussed and determined that the goals/desired outcomes outlined below are Significant, Measurable, Achievable, Relevant and Timely within the specified time period.	

### SUPPORT PLAN/SERVICE AGREEMENT

TEI SERVICE PROVIDER GOAL STATEMENT BY THE END OF 10-HOUR SUPPORT PERIOD					
<b>Goal:</b>					
<b>Agreed date of commencement (approximate):</b>			<b>Agreed end date of support (approximate):</b>		
Milestone or appointment dates	Agreed amount of time (in hrs)	Support activity	Deliverable (i.e. Outputs- e.g. Program Logic 2 <sup>nd</sup> draft)	Mode of delivery (e.g. face-to-face, phone, email)	Desired Outcome by the end of the session (e.g. increased skill in developing an evidence-informed Program Logic that’s aligned to DEX SCORE language)

### AGREEMENT

**Note to Individualised Support Agency:** This section is for billing purposes. Please fill out the first 3 columns & submit to [teiasist@ncoss.org.au](mailto:teiasist@ncoss.org.au) for sign-off prior to commencing support.

Estimated number of billing hours	Cost of support service per hour	Estimated total cost	Approved by NCOSS:	Approval date: