

Application Form

- Please complete all sections of this form, one application form per child.
- Ensure that supporting evidence is attached and that all documents are signed and dated.
- Note that incomplete forms will be returned to you.

1. Childminder details:	
Name: Address: Postcode:	Ofsted Registration Number: Tel: Email:
2. Child details:	
Name: Family address: Postcode:	Date of Birth:
3. Childcare details:	
Is this a one-off arrangement? If No, how many weeks is the care expected to last? Start date of arrangement: Contracted Hours (please specify days, times & frequency):	<input type="checkbox"/> Yes/No Please delete as appropriate
Professional Endorsement Form	Have you completed and have attached a signed and dated "Professional Endorsement" form? <input type="checkbox"/> Yes/No
Working Parent Form	Have you completed and have attached a signed and dated "Working Parent" form? <input type="checkbox"/> Yes/No
I _____ (Childminder) have completed this form accurately and the information given on this form is true to the best of my knowledge and belief. Signed (Childminder) _____ Date _____ Signed (Parent) _____ Date _____ For BACS transfer direct into your Bank Account Account No _____ Sort Code _____ OR for cheque payment Payable to _____	
For office use only	
Date application received: _____ Application <input type="checkbox"/> Successful Grant awarded £500 <input type="checkbox"/> Unsuccessful Reason _____	
Signed: _____ (Carmel Burton, Swindon Sure Start Partnership Manager) Date to finance for payment: _____	

Please return this form, along with the signed Professional Endorsement and Working Parent Forms to:
Lesley Brown, SSSP, C/o Civic Offices, Euclid Street, SWINDON SN1 2JH

PROFESSIONAL ENDORSEMENT FORM

To be completed by a professional ie school, doctor, health visitor involved with the child who has detailed knowledge of the child's needs.

Please note that this form will not be accepted if completed by the setting.

- 1. Name of Child:
- 2. Date of Birth:

3. General Description of child:

Category of Need (please tick all those that apply)			
Moderate Learning Disability		In receipt of a statement	
Specific Learning Disability		In receipt of SENRAP	
Emotional Behavioural Difficulties		In receipt of EY SENRAP	
Autistic SD		In receipt of other funding:	
Speech and Language		School Action	
Downs Syndrome		School Action Plus	
Physically Impaired/Medical		Early Years Action	
Hearing Impaired		Early Years Action Plus	
Visually Impaired			
Other (please specify)			

4. In what areas are there significant difficulties/delay/lack of progress?

5. Please make any other comments that you feel are relevant to this application

6. It is my professional opinion that, in order to enable the above-named child to gain access to provision made by the setting, it is necessary for the setting to provide a one to one support worker.

Yes/No

(Please delete as appropriate)

Name:

Position Held:

Address:

Telephone Number:

Signed:

Date:

Working Parent Form

To be completed by the parent

This funding is to enable parents to access work or training. Your information is collected for audit purposes only to fulfil the terms and conditions of release of the above grant. Information will only be used by SBC staff and not divulged to any third party.

Name of Parent:

Signature:

Date:

Name of employer/training organisation:-	
Address of employer/training organisation:-	

Please details the actual hours that you are at work or involved in training:	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Hours of childcare needed:	
Please detail the days and timings of the childcare that you need	
Is this term time?	<input type="text" value="Yes/No"/> Please delete as appropriate
Is this holiday periods?	<input type="text" value="Yes/No"/> Please delete as appropriate

Criteria

This funding stream is available to childminders who contract an arrangement with a family, to care for a child who has SEN, or a disability, whilst enabling parents to access work or training.

One incentive is payable per child per childminder per annum based on the application approval date. The incentive awarded will be £500 per child.

1. Existing, registered, childminders residing within the Borough of Swindon will be able to apply for the funding providing they have a current, ongoing contract in place with a family.
2. The minimum arrangement that can be funded is 10 hours per week during term time and/or school holidays and for a minimum of 5 weeks.
3. Considerations for inclusion funding from Swindon Sure Start Partnership must be accompanied by fully completed, signed and dated:
 - Application Form
 - Professional Endorsement Form
 - Working Parent Form
4. Childminders can have more than one qualifying child on their registers at any time. There will be no maximum number of claims in any one year.
5. One-off/emergency childminding arrangements do not qualify for the funding.
6. The contract to use a childminder for inclusion must be signed by the childminder and the parent. If the childminder cannot continue the childminding arrangement for a reasonable period the childminder may be liable to repay some, or all of the incentive.
7. If the family, through no fault of the childminder, terminate the arrangement then funding will not need to be repaid.
8. The Swindon Sure Start Partnership reserves the right to ask to see a copy of the contract made between the childminder and the family.