

APPLICATION FORM FOR CHILDREN 0 – 18 YEARS OF AGE

To be completed by the setting

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

1.Name of Setting:				
Business Address:		Tel:		
Postcode:		Email:		
2.Name of Child:				
3.Declaration:				
Have you attached the following signed and dated forms? Please delete as appropriate.				
Financial Information	Yes/No		Professional Endorsement	Yes/No
Working Parent	Yes/No		Pen Picture	Yes/No
Child & Family Details	Yes/No		Children Aged 0 – 3 only please include an Individual Play Plan (IPP)	Yes/No
<ul style="list-style-type: none"> I have completed these forms accurately and the information contained within them is true to the best of my knowledge and belief. I confirm that I have read and understood the attached Criteria and Funding Conditions. I have kept a copy of all these documents. 				
Setting Contact Person's Name (please print):				
Signature:				
Date:				

Please return this form, along with all completed attachments to:
Inclusion Funding, SSSP
C/o Civic Offices, Euclid Street
SWINDON SN1 2JH

**Inclusion Funding from
Sure Start, Early Years and Childcare Grant to
enable a parent to access work or training** (rev 1 April 10)



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FINANCIAL INFORMATION

To be completed by the person from the setting who pays the support worker

Period of Funding (up to a maximum of 6 consecutive calendar months or up to 31st March in any one financial year whichever is the shorter)	
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Termtime Provision

Please detail the actual hours that the child will attend your setting and for which you are applying for funding		Monday	Tuesday	Wednesday	Thursday	Friday
Morning						
Afternoon						
Total number of hours*:		Hourly rate £6.70 or less:	£	Total funding application		£

* This is the total for the Period of Funding for which you are applying. Ensure you deduct any known planned periods of absence.

Holiday Provision

Please detail the actual hours that the child will attend your setting and for which you are applying for funding		Monday	Tuesday	Wednesday	Thursday	Friday
Morning						
Afternoon						
Total number of hours*:		Hourly rate £6.70 or less:	£	Total funding application		£

* This is the total for the Period of Funding for which you are applying. Ensure you deduct any known planned periods of absence.

Name and address of setting to which a cheque/payment confirmation should be sent (this must be a Business name and not an individual):		
	Post Code:	
Creditor number for BACS transfer into your Bank Account or Cost Centre for SBC Journal Transfer		

If you have not received funding from SBC before – please print your bank details below:

Name of Bank		Account Name	
Account Number		Sort Code	
Authorised Signatory's Name			

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WORKING PARENT FORM

To be completed by the parent

This funding is solely 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:
(please print name)

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 provision needed:
Please detail the actual days and timings of the provision that you need excluding any known planned periods of absence

Is this term time? Please delete as appropriate

Is this holiday periods? Please delete as appropriate

CHILD AND FAMILY DETAILS

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To be completed by the person with parental responsibility

Child's Surname:	Child's Forename:
Child's Date of Birth:	Child's Gender:
Child's Address:	Parents' Name and Address: 1. (Mother) 2. (Father)
Post Code:	
Parental Responsibility:	
Telephone Number:	
Email:	School if applicable):

Ethnic Origin: Please choose one section from a to e, then tick the appropriate box(es) to indicate your ethnic background.

a. White	Black African		Bangladeshi	
British	Asian		Any other Asian background	
Irish	Chinese		d. Black or Black British	
Polish	White		African	
Italian	Any other mixed heritage		Any other black background	
Any other white background	c. Asian or Asian British		e. Chinese or other ethnic group	
b. Mixed Heritage	Indian		Chinese	
Black Caribbean	Pakistani		Any other background	

Signature of Person with Parental Responsibility:
Date:

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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	<input type="checkbox"/>	In receipt of a statement
Specific Learning Disability	<input type="checkbox"/>	In receipt of SENRAP
Emotional Behavioural Difficulties	<input type="checkbox"/>	In receipt of EY SENRAP
Autistic SD	<input type="checkbox"/>	In receipt of other funding:
Speech and Language	<input type="checkbox"/>	School Action
Downs Syndrome	<input type="checkbox"/>	School Action Plus
Physically Impaired/Medical	<input type="checkbox"/>	Early Years Action
Hearing Impaired	<input type="checkbox"/>	Early Years Action Plus
Visually Impaired	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	

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.

(Please delete as appropriate)

Name:

Position Held:

Address:

Telephone Number:

Signed:

Date:

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PEN PICTURE OF CHILD

To be completed by the worker who knows the child's needs
Children Aged 0 – 3 only - please also include an Individual Play Plan (IPP)

Name of Child:

1.	In what areas are there significant difficulties / delay / lack of progress?
2.	Explain what extra support is being provided for the child presently in your setting.
3.	Is the child receiving support from other agencies? Please give details:
4.	How would the funding support the child's personal, social and educational development?
5.	Describe what practical steps the additional worker will do to enable the child to participate fully in your setting.

<p>*Signature of Worker Responsible:</p> <p style="text-align: center;">Please print name:</p> <p style="text-align: right;">Date:</p>	
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*Please telephone Lesley Brown (01793 466778)
if the support worker has yet to be appointed

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CRITERIA AND FUNDING CONDITIONS FOR CHILDREN 0-18 YEARS OF AGE

1. This funding stream is available to settings who require one to one support to care for a child who has SEN, or a disability, whilst enabling parents to access work or training.
2. There is an expectation that the one to one support funded by the above grant will be consistent.
3. Settings sited within the Borough of Swindon providing one to one support for a child with SEN or a disability will be able to apply for the funding providing they have a current, ongoing, contract in place with a family for the application period.
4. Settings 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. Each application will be considered based on the information supplied to Swindon Sure Start Partnership (SSSP).
5. If the setting cannot continue the arrangement for a reasonable period the setting may be liable to repay some, or even the entire funding.
6. If the family, through no fault of the setting, terminate the arrangement then funding may not need to be repaid.
7. SSSP reserves the right to ask to see a copy of the contract made between the setting and the family.
8. Considerations for inclusion funding from SSSP must be accompanied by fully completed, signed and dated:
 - Application Form
 - Financial Information
 - Working Parent Form
 - Child and Family Details
 - Professional Endorsement Form
 - Pen Picture
 - Children aged 0 – 3 years IPP

Funding

- children aged 0-3 years of age will be considered based on individual needs and circumstances of the child;
- cannot be provided to support a child's attendance at education sessions;
- cannot be paid into a personal account;
- can only be used to support the named child in the application and is not transferable;
- applications may be considered for up to a maximum period of 6 consecutive months or up to 31st March in any one financial year whichever is the shorter;
- rates of pay may be up to a maximum of £6.70 per hour at cost;
- expenditure details are mandatory for SBC audit purposes;
- future applications are conditional upon the mandatory return of monitoring information.

Please note that

1. Fully completed, dated, and signed applications will be considered but there is no guarantee that funding will be granted.
2. Successful applications will be advised to both settings and parents as soon as possible. It is then the responsibility of the setting to ensure that reapplications for funding to support an individual child are duly completed and forwarded to the address above accompanied by requested mandatory monitoring and financial information.