

**Project Inclusion Funding from
Early Intervention Grant to enable a parent/carer
to access work or training** (rev July 2011)



Inclusion Funding, SSSP
C/o Civic Offices, Euclid Street
SWINDON SN1 2JH

REAPPLICATION FORM FOR FUNDING OF PROJECTS

To be completed by the setting

<p>➤ Please complete all sections of this form and its attachments. ➤ 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.</p>			
1. Setting details:			
Business Address:		Tel:	
Postcode:		Email:	
2. Names of Children:			
3. Declaration:			
Have you attached the following signed and dated forms? Please delete as appropriate.			
Financial Information	Yes/No	Child & Family Details (only if there have been any changes since your initial application)	Yes/No
Working Parent/Carer (only if there have been any changes since your initial application)	Yes/No	Monitoring Form	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
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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 for group of children

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

Holiday Provision for group of children

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 of 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/CARER FORM

To be completed by the parent/carer – only if there have been any changes since your initial application.

This funding is solely to enable parents/carers 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 Child:

Name of Parent/Carers:
(please print name)

Signature: **Date:**

Name of employer/ training organisation:	<input type="text"/>
Address of employer/ training organisation:	<input type="text"/>

Please details the actual hours that you are at work or involved in training:	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Afternoon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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? Yes/No Please delete as appropriate

Is this holiday periods? Yes/No Please delete as appropriate

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CHILD AND FAMILY DETAILS

To be completed by the person with parental responsibility - only if there have been any changes since your initial application.

Child's Surname:	Child's Forename:
Child's Date of Birth:	Child's Gender:
Child's Address:	Parents'/Carers' 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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PROJECT CRITERIA AND FUNDING CONDITIONS FOR CHILDREN 0-18 YEARS OF AGE

1. Project inclusion funding is invited from settings who need a support worker to enable a group of children who have SEN, or a disability, attend their provision whilst enabling their parent/carer to access work or training.
2. There is an expectation that the additional support funded by the above grant will be consistent and provided by a member of staff appropriate to the child's needs.
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 provided that they have a current, ongoing, contract in places with a family/families for the application period.
4. If the setting cannot continue the arrangement for a reasonable period then the setting may be liable to repay some, or even the entire funding.
5. If the family/families, through no fault of the setting, terminate the arrangement then funding may not need to be repaid.
6. SSSP reserves the right to ask to see a copy of the contract made between the setting and the family/families.
7. Considerations for inclusion funding from SSSP must be accompanied by fully completed, signed and dated:
 - Reapplication Form (one per group)
 - Financial Information (one per group)
 - Working Parent/Carer Forms – only if there have been any changes since your initial application
 - Child and Family Details only if there have been any changes since your initial application
 - Monitoring Form (one per group)

Funding

- cannot be authorised retrospectively;
- 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 project in the application and is not transferable;
- application 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;
- settings may not charge parents a premium for this service;
- settings must keep their details available and up to date on the public list and respond to any requests for information from the Family Information Service or Swindon Borough Council;
- 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 the project contact person as soon as possible. It is then the responsibility of the project contact person to ensure that reapplications for funding to support the project are duly completed.

Application and Reapplication forms can be downloaded from the SSSP website:
www.earlyyearschildcare.org/eyr-nav-funding/grants_to_group_childcare_provision.htm

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