

**The Aiming High Additional Support**

**Funding application form for providers 2017/18**

**Provider’s details**

|  |  |
| --- | --- |
| **Contact Name** |  |
| **Address & Postcode:** |  |
| **Telephone number:** |  |
| **Email:** |  |
| **Ofsted Registered?** | Yes No |
| **Ofsted registration number:** |  |
| **Which Ofsted registers are you on?** | Early Years Register | Voluntary Register | Compulsory Childcare Register |

**Please return your completed application form to:**

**Richmond & Kingston providers**

David Arrow

Inclusion Development Officer

The Moor Lane Centre

Moor Lane

Chessington

KT9 2AA

**T:** 020 8547 6564

**E:** david.arrow@achievingforchildren.org.uk

**The Aiming High Additional Support Funding**

**Guidance and Conditions 2017/18**

**What is Aiming High Additional Support Funding for?**

Aiming High Additional Support Funding pays for additional support for children and young people with disabilities, complex health and special needs who access mainstream short break activities. The short break provider can apply for the additional support funding, which allows an increase in their staff ratio. The funding pays for a designated staff member to work with a child or young person who requires additional support whilst attending the short break activity. This funding offers parents and carers a break from their caring duties and creates opportunities for children and young people with disabilities to take part in positive activities with their peers.

**How do I apply?**

The short break provider will need to complete the Aiming High Additional Support Funding application form and return it to:

**Richmond & Kingston**

David Arrow

Inclusion Development Officer

**T:** 020 8547 6564

**E:** david.arrow@achievingforchildren.org.uk

**What are the requirements for this funding?**

Applications will need to meet these requirements:

* the child or young person meets the Equality Act 2010 definition of disability
* the child or young person is 17 years or younger
* the child or young person lives within the Kingston or Richmond boroughs
* the requested amount is within the funding limits
* inclusion is the primary purpose of the application

**What else do I need to know?**

* Funding is limited, therefore we advise you to ensure additional support funding applications are submitted for four to six weeks in advance of attendance.
* The additional support funding application needs to include detailed information on the child
or young person in order for the panel to make an informed decision regarding the funding request.
* A target needs to be set by the short break provider for the child or young person each time an application is made to monitor inclusion and progress. Please also provide information on the target that was set in the previous application if applicable. The inclusion development officers can help with setting targets if required.
* The short break provider can apply for additional support funding for a maximum of two sessions a week.
* If an application is successful, the inclusion development officer will arrange a visit and or be in contact with the short break provider to assess the child’s or young person’s need for additional support. Where possible, methods to support the child or young person with disabilities without additional support funding will be explored.
* If it is agreed that an additional support worker needs to be recruited, then the responsibility for this sits with the short break provider.
* It is the responsibility of the short break provider to inform the inclusion development officer of any changes to the additional support funding application during the funding period, such as if the child or young person leaves the club or fails to attend. The inclusion development officer may ask to see copies of the short break provider’s daily registers to confirm that the child or young person has attended the short break on the days anticipated.
* Achieving for Children gathers feedback about how additional support funding has benefited children and young people with disabilities, their parents or carers and short break providers.
It helps to improve the service and provides vital evidence of the positive impact this funding has. The inclusion development officer will send out feedback forms to providers on a regular basis.

**Please complete each section in full**

Please use a separate form for each child or young person you are making an application for.

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| --- | --- | --- |
| **Details of child who requires funding** | Name: DOB: Address: Ethnicity: Disability: | Parent’s or carer’s name: Telephone number:  Email address:  |
| **Explain the reason for additional support** \*What difference will the funding make to the provider, child and parents?Do they require any medication whilst in your care? Emergency meds/ daytime meds  | *\*If this section is not answered in full, funding will not be agreed.* |
| **Target for the child whilst attending the club**Please identify a target with the child and family which will be worked upon for the funded time period | *\*If this section is not completed in full, funding will not be agreed.* |
| **Previous target**  | Was the target achieved?Yes No (mark correct box with ‘x’) | Previous target:  |
| Comments: |
| **Please state if the child has a statement or an EHCP** |  |
| **Level of support** Does the child require shared support with another child or 1:1 support? |  |
| **Who identified the need for additional support?**SENCO, Social Worker, Parent, Play leader etc. |  |

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| **Number of sessions**Between which dates will the child be attending? Which days and hours per week will the child be attending? | Dates child will attend: | Number of days a week: | Hours a day: | Hours a week: | Number of weeks applying for: | **TOTAL FUNDING REQUEST** |
|  |  |  |  |  |  |
| **Cost of additional staff member**Please state the cost per hour/per week (as appropriate), how many weeks they will be employed for and the total cost | Hours of support a day: | Hours of support a week: | Cost of support an hour: | Total funding requested a week: | Total number of weeks of this employment |
|  |  |  |  |  |
| **Does the child attend any other out of school setting?**Please give details |  |
| **Is the parent/carer working or studying while the child is attending the setting?** | Yes No (mark correct box with ‘x’) |

Signed (Please type name): Date:

Thank you for your application. It will be passed on to the Additional Support Panel who will make their decision based on the child’s eligibility for funding and the total amount of additional support funding still available. The panel will aim to get back to you with their decision within one to two weeks. If you have any queries or issues, please contact the inclusion development officer (details above).

**Child and family information sharing consent form**

This form is for parents or carers to give their consent to share information relevant to organising the appropriate care and support of their child during short breaks activities in 2016/2017. This is in compliance with the Data Protection Act 1998.

Please print and ask the child’s parent or carer to read and sign this consent form. The form must be returned by the short break provider with the application form. It can be returned by either scanning then emailing it back with the application form or by post with the application form (to address found on the application form).

By signing this form, you confirm that you are happy for your short break provider to share relevant information with Achieving for Children. We will only share confidential information with other professionals with your consent unless there is a safeguarding concern that requires us to share information according to the child’s best interest. We value the welfare of children and young people as paramount.

I give consent to information provided about my child being shared between Achieving for Children and my short break provider, in order to organise the appropriate short break support required for my child.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |
| **Print name** |  |
| **Relationship to child** |  |