

**The Aiming High Additional Support**

**Funding application form for providers 2019/20**

**Activity provider’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Name:** |  | | |
| **Contact Name:** |  | | |
| **Address & Postcode:** |  | | |
| **Address/ location of activity if different from above:** |  | | |
| **Telephone number:** |  | | |
| **Email:** |  | | |
| **Ofsted Registered?** | Yes / No | | |
| **Ofsted registration number:** |  | | |
| **Which Ofsted registers are you on?** | Early Years Register | Voluntary Register | Compulsory Childcare Register |
| **Do you follow national safer recruitment guidelines, completing DBS checks on all staff?** | Yes / No  (If no, then you cannot apply for this funding) | | |

**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

Jodi Williams

Inclusion Development Officer

The Moor Lane Centre

Moor Lane

Chessington

KT9 2AA

**T:** 020 8547 5733

**E:** jodi.williams@achievingforchildren.org.uk

**The Aiming High Additional Support Funding**

**Guidance and Conditions 2019/20**

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

Aiming High Additional Support Funding pays for additional support for children and young people with diagnosed disabilities who access 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

Jodi Williams

Inclusion Development Officer

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

Applications for Aiming High Additional Support Funding 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 four to six weeks in advance of planned attendance.
* The additional support funding application needs to include detailed information on the child   
  or young person in order for the funding panel to make an informed decision regarding the funding request. If sufficient information is not provided, the application may be delayed or funding may not be agreed.
* The short break provider can apply for additional support funding for a maximum of 6 hours per week for term time support in addition to holiday support. For details regarding holiday support, please contact the Inclusion Development Officers to discuss.
* 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 collaboratively.
* If it is agreed that an additional support worker needs to be recruited, then the responsibility for this sits with the short break provider, however the Inclusion Developments Officer will support with this if possible.
* 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of child who requires funding** | Name:  DOB:  Address:  Ethnicity:  Disability: | | Parent’s or carer’s name:  Telephone number:    Email address: | |
| **Additional information**  Please indicate which of the following are in place | Personal Emergency Evacuation Plan | | Yes / No | |
| Individual Risk Assessment | | Yes / No | |
| Behaviour support plan | | Yes / No | |
| Emergency care plan | | Yes / No | |
| ‘All about me’ guide | | Yes / No | |
| **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.* | To be completed by the activity provider | | | |
| **Please reflect on the inclusion of this child or young person and the support if they already attend.**  **If the child has not attended yet, please answer based on information provided by parents or carers.** | What is working well currently with supporting the child or young person? | Are there any improvements that can be made to support the child or young person? | | How will these improvements be put in place to support the inclusion of the child or young person? |
|  |  | |  |
| **Level of support**  Does the child require shared support with another child or 1:1 support? |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 per day: | Hours per 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 per day: | Hours of support per week: | Cost of support per hour: | Total funding requested per week: | Total number of weeks of this employment |
|  |  |  |  |  |
| **Is the parent/carer working or studying while the child is attending the setting?** | Yes / No | | | | | |

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 2019/2020. This is in compliance with the Data Protection Act 1998 and GDPR.

Please print and ask the child’s parent or carer to read and sign this consent form or alternatively type the signature in the space provided. The form must be returned by the short break provider with the application form.

By signing this form, you confirm that you are happy for your short break provider to share relevant information on your child with Achieving for Children to enable support for the short break to be considered and decided upon. We will only share confidential information with other professionals with your consent unless there is a safeguarding concern which 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 on this form 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** |  | | |