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Directorate for Children's Services Schools & Learning Division

### **Inclusion Support Grant Funding**

## Addendum Form (for completion on second and subsequent applications)

#### IMPORTANT INFORMATION

Inclusion Support funding is available as a contribution to help support inclusive practice within childcare settings to enable children and young people aged 3-19 years with additional needs to access out of school and holiday provision. Parents/carers must be working or in full time training to be eligible for which up to date evidence must be provided <u>each time</u> an application is made.

NB A maximum of 10 hours a week can be claimed from the Inclusion Support Grant per child/young person

The Inclusion Support Grant information and eligibility guidance are still applicable.

| Dates/Period Applied f  | or:               |                     |                |               |  |
|---|-------------------|---------------------|----------------|---------------|--|
|   |                   |                     |                |               |  |
| Child/Young Person's  | Details (please p | rint):              |                |               |  |
| Full Name:  |                   |                     |                |               |  |
| Date of Birth:  |                   | Ma                  | ale/Female:    |               |  |
| Address:  |                   | ,                   |                |               |  |
| School/College or Pre-School:   |                   |                     |                |               |  |
| Does the child/young person have an Education, Health and Care Yes / No Plan? |                   |                     |                |               |  |
| Child/Young Person's Please state if the child/y the last application         |                   | eds remain the same | or outline any | changes since |  |
| Parent/Carer Details (p   | lease print):     |                     |                |               |  |
| 1. Parent/Carer   |                   |                     |                |               |  |
| Name:   |                   |                     |                |               |  |
| Home Telephone:   |                   | Mobile Number:      |                |               |  |
| 2. Parent/Carer<br>Name:  |                   |                     |                |               |  |
| Home Telephone :  |                   | Mobile Number:      |                |               |  |

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| Parent/Carer (1) Employment/Training/Education Details (please print): |                 |                |                  |             |  |  |  |
|--|-----------------|----------------|------------------|-------------|--|--|--|
| Name of Employer   |                 |                |                  |             |  |  |  |
| Provider/Education   |                 |                |                  |             |  |  |  |
| Contact Name and   | Role:           |                |                  |             |  |  |  |
| Telephone  |                 |                |                  |             |  |  |  |
| Number:  |                 |                |                  |             |  |  |  |
| Address:   |                 |                |                  |             |  |  |  |
| Email Address:   |                 |                |                  |             |  |  |  |
| Days/times worked/attending:   |                 | Monday:        | Monday: Tuesday: |             |  |  |  |
|  |                 | Wednesday:     |                  | Thursday:   |  |  |  |
|  |                 | Friday:        |                  |             |  |  |  |
| Evidence provided e.g. letter from employer                            |                 |                |                  |             |  |  |  |
| Parent/Carer (2) Er  | mplovment/Tr    | aining/Educati | on Details (ple  | ase print): |  |  |  |
| Name of Employer   | /Training       |                | (10.00           |             |  |  |  |
| Provider/Education/Placement: Contact Name and Role:                   |                 |                |                  |             |  |  |  |
| Telephone  |                 |                |                  |             |  |  |  |
| Number:  |                 |                |                  |             |  |  |  |
| Address:   |                 |                |                  |             |  |  |  |
| Email Address:   |                 |                |                  |             |  |  |  |
| Days/times worked/attending:   |                 | Monday:        |                  | Tuesday:    |  |  |  |
|  |                 | Wednesday:     |                  | Thursday:   |  |  |  |
|  |                 | Friday:        |                  |             |  |  |  |
| Evidence provided  | l e.g. letter   |                |                  |             |  |  |  |
| from employer  |                 |                |                  |             |  |  |  |
| Childooro Drovidor   | (nlesse print   | 1.             |                  |             |  |  |  |
| Childcare Provider Name:   | r (piease print | :):<br>-       |                  |             |  |  |  |
| Address:   |                 |                |                  |             |  |  |  |
| Telephone  |                 |                |                  |             |  |  |  |
| Number:  |                 |                |                  |             |  |  |  |
| Email<br>Address:  |                 |                |                  |             |  |  |  |
| Manager:   |                 |                |                  |             |  |  |  |
| (full name)  |                 |                |                  |             |  |  |  |

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|---|--|---|--|---|--|-----------------|
| Childcare Provider (pl  | ease prir  | it):  |  |   |  |                 |
| SENCO:  | •  | •   |  |   |  |                 |
| (full name)   |  |   |  |   |  |                 |
| Key Worker:   |  |   |  |   |  |                 |
| (full name)   |  |   |  |   |  |                 |
| Days/times attending:   | Monda  | ay:   |  |   | Tuesday:   |                 |
|   |  |   |  |   |  |                 |
|   | Wedne  | esday:  |  |   | Thursday:  |                 |
|   |  |   |  |   |  |                 |
|   | Friday   | ·•  |  |   |  |                 |
|   | 1  | •   |  |   |  |                 |
|   |  |   |  |   |  |                 |
| Total hours claimed p   | ar waak  |   | x £7.50  | <b> </b> =  | £  | Figure (a)      |
| (maximum 10):   | ei week  |   | per hour   |   | _  | r igure (a)     |
| Total number of week  | •  | =   | x (a)  | =   | £  | Total claim     |
| claimed:  | 3  | _   | λ (α)  | _   | ~  | i Otai Ciaiiii  |
| Oldiffica.  |  |   |  |   |  |                 |
| Are Parents/Carers in   | receint o  | f any nav   | ments or ben   | efits   | for the child  | d/voung person? |
| Please list those recei   |  | i dily pa   | yments or ben  | UIILL   |  | aryoung person. |
|   |  |   |  |   |  |                 |
|   |  |   |  |   |  |                 |
| <ul> <li>inclusion of the child</li> <li>Financial/attendance without notice.</li> <li>As part of the moniperiod to confirm the I confirm that the acparticipating holiday</li> </ul> | ation I ha ff paymer d to prov l, including e records toring pro e child and lditional s provision | ve provident and it wide evide g time she will be concess, and support wo and has | ed is complete vill not automation ence of the expects if applicable open to inspect unannounced are present in the orker funded foundergone all respirations. | and cally ending the service of the | accurate and be repeated iture funded iture funded iture funded it requested. If required a terminal may be make the period state want checks. |                 |
| Childcare Provider Signature: Date:   |  |   |  |   |  |                 |
| Print Name:   |  |   |  |   |  |                 |
| Parent/Carer Signatur   | e:   |   |  |   | Dat  | e:              |
| Print Name:   |  |   |  |   |  |                 |
| Please return this comp<br>SEN Service, Thompso   |  |   |  |   |  | 0 3NA           |

Telephone: (01983) 821000 ext 8421 Email: karen.cole@iow.gov.uk

The Isle of Wight Council complies with the Data Protection Act 1998. By registering these details I understand that the information will be held securely on the Isle of Wight Council's databases for the purpose of recording the support provided to my child and family. I give consent for information to be shared with children's centres, professionals and other agencies as appropriate.