

APPLICATION FOR SHORT BREAK INCLUSION FUNDING

1. Service details

Name of Service	
Address of Service	
Name of Leader / Manager	
Correspondence address (if different from above)	
Day time telephone number/s	
Email address	
Date of Application	

2. Child details

Name	
Age	
Date of birth	
Address	

3. Sessions requested

Spring Term	<input type="checkbox"/>	Summer Term	<input type="checkbox"/>
Autumn Term	<input type="checkbox"/>	School Holiday	<input type="checkbox"/>

a) Term Time

Day	Am	Pm	Number of weeks
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

b) School Holiday

Number of days	Start Time	End Time

4. How will the Short Break Inclusion Funding be used and how will this meet the needs of the child or young person?

Please indicate how the funding will be used to support the child's inclusion e.g. towards additional staffing costs, training, a resource, or something else. Please give detail about how this will support the child and what this will enable to child to do which otherwise would not be possible.

7. Essential Training costs for Health Care tasks e.g. Emergency epilepsy medication, PEG feeding, Oxygen Administration etc. Training is for a maximum of two staff members. Proof of attendance will be required.

Training Requested	Number of staff	Amount requested

8. Signature Provider

Signature of person completing the application	
Designation	
Date	

9. Signatures Parents/Young People

Are Autism Outreach involved with the child? If yes, then they will be informed that the child is attending the provision to promote partnership working if required	<p>.</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
Signature of parent/carer for consent to this.	
Date of signature	
I confirm that I am the parent/carer of the child who this Inclusion Funding application is being submitted for, and that I have chosen this service and have checked that it is a safe and suitable provision which can meet the needs of my child.	
Signature of Parent/Carer	
Date of signature	

Signature of young person aged 16+ (If signature obtained, please submit relevant completed Mental Capacity Assessment for this if applicable.)	
Date of signature	

10. Submit

Please send to: Laura.Anderton@leics.gov.uk via Egress secure email – Please contact 0116 305 3279 if you require assistance setting Egress up.

Anycomms – File Type: Early Years Provider Documents, Early Years Inclusion and Childcare Service for the attention of Laura Anderton.

Post – Leicestershire County Council

Early Years Inclusion and Childcare Service, County Hall, Glenfield, LE3 8RF

Before submitting, please ensure that all parts of the form are completed and any quotes are attached or unfortunately the application will not be processed.

