

## **APPLICATION FOR SHORT BREAK INCLUSION FUNDING 2021-22**

### **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

February Half Term Holiday	<input type="checkbox"/>	Spring Term Before or After School Club	<input type="checkbox"/>
Easter Holiday	<input type="checkbox"/>	Summer Term Before or After School Club	<input type="checkbox"/>
May Half Term Holiday	<input type="checkbox"/>	Autumn Term Before or After School Club	<input type="checkbox"/>
Summer Holiday	<input type="checkbox"/>	Early Years Setting Term time	<input type="checkbox"/>
October Half Term Holiday	<input type="checkbox"/>	Early Years Setting School Holidays	<input type="checkbox"/>
Christmas Holiday	<input type="checkbox"/>		

#### 3a. Times of Sessions Before and After School Club

Day	Time: Am		Time: Pm		Dates of sessions	
	From	Until	From	Until	Start Date	End Date
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

#### 3b. Times of Sessions School Holiday Clubs/Playschemes

Day	Time		Dates of sessions	
	From	Until	Start Date	End date
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

### 3c Times of sessions Early Years Settings

Day	Time		Dates of sessions	
	From	Until	Start Date	End date
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

#### 4. Amount requested towards staffing costs.

A	B	C	(A x B x C)
Hourly rate	Hours per week	Number of Weeks	Total Cost £
£7.50			

#### 5. Amount requested for resources please attach quote for each item requested. Proof of purchase will be required.

Item to be purchased	Amount Requested

**6. 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

**7. 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.

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## 8. Signature of 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 may be informed that the child is attending the provision to promote partnership working if required	Yes <input type="checkbox"/> No <input type="checkbox"/>
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: [Rachel.Condon@leics.gov.uk](mailto:Rachel.Condon@leics.gov.uk) via Egress secure email – Please contact Rachel Condon if you require assistance setting up an Egress account.

**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.**