

**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 each time 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.

<b>Dates/Period Applied for:</b>	
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<b>Child/Young Person's Details (please print):</b>			
<b>Full Name:</b>			
<b>Date of Birth:</b>		<b>Male/Female:</b>	
<b>Address:</b>			
<b>School/College or Pre-School:</b>			
<b>Does the child/young person have an Education, Health and Care Plan?</b>			Yes / No
<b>Child/Young Person's Needs:</b> <i>Please state if the child/young person's needs remain the same or outline any changes since the last application</i>			

<b>Parent/Carer Details (please print):</b>			
<b>1. Parent/Carer Name:</b>			
<b>Home Telephone:</b>		<b>Mobile Number:</b>	
<b>2. Parent/Carer Name:</b>			
<b>Home Telephone :</b>		<b>Mobile Number:</b>	

**OFFICIAL - SENSITIVE**

<b>Parent/Carer (1) Employment/Training/Education Details (please print):</b>				
<b>Name of Employer/Training Provider/Education/Placement:</b>				
<b>Contact Name and Role:</b>				
<b>Telephone Number:</b>				
<b>Address:</b>				
<b>Email Address:</b>				
<b>Days/times worked/attending:</b>	<b>Monday:</b>		<b>Tuesday:</b>	
	<b>Wednesday:</b>		<b>Thursday:</b>	
	<b>Friday:</b>			
<b>Evidence provided e.g. letter from employer</b>				

<b>Parent/Carer (2) Employment/Training/Education Details (please print):</b>				
<b>Name of Employer/Training Provider/Education/Placement:</b>				
<b>Contact Name and Role:</b>				
<b>Telephone Number:</b>				
<b>Address:</b>				
<b>Email Address:</b>				
<b>Days/times worked/attending:</b>	<b>Monday:</b>		<b>Tuesday:</b>	
	<b>Wednesday:</b>		<b>Thursday:</b>	
	<b>Friday:</b>			
<b>Evidence provided e.g. letter from employer</b>				

<b>Childcare Provider (please print):</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Manager: (full name)</b>	

**OFFICIAL - SENSITIVE**

<b>Childcare Provider (please print):</b>				
<b>SENCO:</b> (full name)				
<b>Key Worker:</b> (full name)				
<b>Days/times attending:</b>	<b>Monday:</b>		<b>Tuesday:</b>	
	<b>Wednesday:</b>		<b>Thursday:</b>	
	<b>Friday:</b>			

<b>Total hours claimed per week (maximum 10):</b>		<b>x £7.50 per hour</b>	<b>=</b>	<b>£</b>	<i>Figure (a)</i>
<b>Total number of weeks claimed:</b>	<b>=</b>	<b>x (a)</b>	<b>=</b>	<b>£</b>	<b>Total claim</b>

<b>Are Parents/Carers in receipt of any payments or benefits for the child/young person? Please list those received</b>

**Declaration – Setting and Parent/Carer must sign to confirm**

I confirm that the information I have provided is complete and accurate and I understand that:

- The grant is a one-off payment and it will not automatically be repeated.
- Settings are required to provide evidence of the expenditure funded by the grant, and the inclusion of the child, including time sheets if applicable, if requested.
- Financial/attendance records will be open to inspection if required and this can be done without notice.
- As part of the monitoring process, an unannounced visit may be made during the funded period to confirm the child and support are present in the setting.
- I confirm that the additional support worker funded for the period stated is employed by the participating holiday provision and has undergone all relevant checks.
- Parent/carers' employers/trainers/education providers may be contacted to verify the information given.

**Childcare Provider Signature:** ..... **Date:**.....

**Print Name:** .....

**Parent/Carer Signature:** ..... **Date:**.....

**Print Name:** .....

Please return this completed form to Karen Cole, SEN Admin Team Lead  
 SEN Service, Thompson House, Sandy Lane, Newport, Isle of Wight, PO30 3NA  
 Telephone: (01983) 821000 ext 8421                      Email: [karen.cole@iow.gov.uk](mailto: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.