|  |
| --- |
| **Name of Parent/Guardian or Key Worker:** |
| **Applicable only to professionals:** **Role:****Organisation:****Are you actively working with this family?****In what capacity?****Why are referring this child/family?** |

**Summer Activities Programme – Funding Application Form (Eligibility Check)**

|  |  |
| --- | --- |
| **Family Details:** **Include all members requiring a funded place**  | **Eligibility Criteria** |
| **Address:** | NB: Individual/Family must fulfil **two** of the criteria as outlined below. Please refer to the criteria table  |
| **Forename** | **Surname** | **DOB** | **Sex** | **Mosaic ID** | **Low Income****Household**  | **Family In receipt of universal credit**  | **Other reason please give details** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Evidence to support application:**  |
| **Consent**Consent has been discussed with each member of our family. We understand how and why our information may be used.**Signed: Where families are unable to sign verbal consent has been given Y/N** **Date:** |

|  |  |
| --- | --- |
| **For internal use only** |  |
| Evidence provided | Y/N |
| Funding Agreed | Y/N |
| Agreed By: Ness Little Andy Barclay Lewis Sander  | Date Agreed:  |

**Please return along with booking form to:**