|  |
| --- |
| **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:**