Please refer to the Childcare Inclusion Fund Information for Parents and Childcare Providers when completing this form.

Child’s name:……………………………….. Date of birth………………………………

Name and address of childcare setting……………………………………………………………

……………..………………………………………………………………………………………….

Contact name ………………………………………. Contact number………………………….

**Term applied for □ Summer □ Autumn □ Spring**

Start date …………………………………………………………………………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s weekly attendance (please complete start – finish times) | | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Times |  |  |  |  |  |
| Total hours per day |  |  |  |  |  |
| Total hours per week | | | |  | |
| Expected start date | | | |  | |

How will the inclusion funding be used? (Please tick)

□ Worker time □ Equipment □ Training □ other

What is the hourly rate for the worker? £……………….…p/h

(A maximum of **£11.44** per hour will be paid towards staff costs)

Total cost for the worker: £…………………………

|  |  |
| --- | --- |
| **Details/dates, breakdown of how the grant will be used** | |
| **Amount requested** | **£** |

**Please sign and date this form.**

I confirm that my and my child’s circumstances have not changed from the time of the original inclusion funding application

Parent’s signature…………………………………………………… Date………………….

I confirm that the child’s and the parent’s circumstances have not changed from the time of the original application

Your signature……………………………………………………… Date………………….

Thank you for completing this form. Please return it to:

Annette Barnard, EYC, First Floor, Hove Town Hall, Norton Road, HOVE BN3 3BQ

annette.barnard@brighton-hove.gov.uk