Please read the Childcare Inclusion Fund Information for Parents and Childcare Inclusion Fund Information for Childcare Providers before completing this form.

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

Name and address of childcare setting/HAF activity ………………………………………

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

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

Date of application …………………………………………………………………………

**Playscheme applied for**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **□** | **Spring half term** | **□** | **Easter holidays** |  |
| **□** | **Summer half term** | **□** | **Summer holidays** |  |
| **□** | **Autumn half term** | **□** | **Christmas holidays** |  |
| Start date…………………………………………………………. | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s attendance (week 1)** | | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start time |  |  |  |  |  |
| Finish time |  |  |  |  |  |
| Total hours per week | | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s attendance (week 2)** | | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start time |  |  |  |  |  |
| Finish time |  |  |  |  |  |
| Total hours per week | | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s attendance (week 3)** | | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start time |  |  |  |  |  |
| Finish time |  |  |  |  |  |
| Total hours per week | | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s attendance (week 4)** | | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start time |  |  |  |  |  |
| Finish time |  |  |  |  |  |
| Total hours per week | | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s attendance (week 5)** | | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start time |  |  |  |  |  |
| Finish time |  |  |  |  |  |
| Total hours per week | | | |  | |

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, Brighton & Hove City Council, Hove Town Hall, Norton Road, HOVE BN3 3BQ

annette.barnard@brighton-hove.gov.uk