

**Inclusion Support Scheme  
for  
Disabled Children and Young People**



**Criteria and Information (North area) April 2015**

**Purpose: To promote inclusion and remove the barriers to play, childcare and leisure for disabled children and young people.**

**PLEASE READ THE CRITERIA BELOW BEFORE COMPLETING THE APPLICATION FORM.**

**Criteria**

1. All grants are subject to the availability of funding from Oxfordshire County Council (OCC).
2. Settings/applicants must complete the application form in partnership **with parents**.
3. Review forms must be completed in partnership **with parents** for audit and evaluation purposes. Settings may be asked to provide evidence of spend; including copies of registers and evidence of payments to staff (We reserve the right to refuse future funding to any setting failing to return review forms).
4. The funding will enable disabled children and young people to access play, childcare and leisure opportunities with other children and young people.
5. Applications for children with emotional needs must include evidence of the help needed to support inclusion. A signature of approval is required from a lead professional supporting the application; for example CAF, TAC, PCAMHS .
6. The funding is for **short-term support**, e.g. for a term, or during a holiday playscheme.
7. Provision that is inclusive of all children will have priority.
8. For children aged under 5 a maximum of £250 can be paid per child in any one financial year.
9. For children and young people aged 5-18 inclusive a maximum of £500 for staffing costs or £300 for other support e.g. fees or equipment can be paid in any one year. (If applying for part fees and part staffing costs a maximum of £500 can be applied for)
10. Applying for fees - Additional information will be required to inform future developments of the fund (please see application form for full details).
11. Funding can pay for additional staff hours (amount requested must not be below minimum wage, see [www.hmrc.gov.uk](http://www.hmrc.gov.uk)), equipment, training, fees etc.
12. The funding can only be used for children who live in Oxfordshire. It can be used for them to attend play, childcare or leisure provision outside Oxfordshire.
13. The setting's address determines which area handles the application.
14. For OFSTED registered provision the OFSTED inspection rating must be requires improvement or better.

15. All staff (paid/unpaid) and volunteers at the setting must be safer recruited and DBS checked.
16. Providers receiving funding will be expected to attend appropriate training to support their inclusive practices.
17. Applications must be sent **at least a week** before the start of the requested funding period.
18. The scheme cannot:
  - make payments retrospectively
  - make payments in one financial year to pay for childcare etc in the following financial year.
  - make payments directly to individuals
  - normally fund additional staffing in childcare settings funded by OCC for provision of Children's Disability Service
  - fund activities/provision or equipment for children who are attending maintained school provision during the school day
  - fund residential activities
  - fund transport between school and home

**These criteria can only be varied in very exceptional circumstances.**

#### **Administration**

1. Administration of the scheme is carried out by the Early Years Special Educational Needs Inclusion Teachers (for children under the age of 5) and Foundation Years Officers (for children and young people aged 5-18 inclusive), who hold application forms.
2. All sections of the application form should be fully completed and sent to the address indicated on the form. Incomplete forms will be returned.
3. Parental understanding and agreement of the funding is essential. This can be provided by either parental signature or by an email trail from the parent confirming agreement; and forwarded onto the Inclusion Support scheme. However parents must be made aware email form of communication is not secure.
4. Settings are informed of decisions in writing/by email.
5. Payments are made direct to the setting/employer.
6. All successful applications will be asked to complete a review form detailing the impact this funding has had.

**INCLUSION SUPPORT SCHEME APPLICATION FORM  
April 2015**

**Promoting access to childcare, play and leisure activities for disabled children and young people**

This form is for applications for children / young people aged 5 – 18 inclusive.  
Contact 01865 323556 for applications for younger children.

We cannot make payments to individuals.

**\*PLEASE READ THE ABOVE CRITERIA BEFORE COMPLETING THE APPLICATION FORM.**

**\*Please complete all sections of the form as incomplete applications will be returned.**

**\*Applications will be refused if submitted without a parental signature**

**1) DETAILS OF CHILD/YOUNG PERSON**

Name of child/young person:..... Date of birth:.....

Address:.....  
.....

Postcode:..... Telephone number:.....

Which school does the child/young person attend?.....

**2) DETAILS OF SETTING**

Name of setting/club:.....

Address:.....

Email address:.....

Telephone number:.....

Please indicate type of setting:

Breakfast club       After-school childcare club       Holiday Playscheme

Registered childminder       After-school activity, eg football/art club

Leisure Centre       Other (please describe)

**3) YOUNG CHILD / PERSON'S IMPAIRMENT(S) / ADDITIONAL NEEDS**

Please describe the child /young person's impairment(s) / specific requirements:

**4) THE REQUEST FOR FUNDING**

I am requesting funding to pay for (tick box):

Additional Staff hours (to support a child in the setting)

Supply staff (to release regular staff for specific training)

Staff training                       Equipment/ resources

Fees                                       Other

**5) WHY IS THIS FUNDING NEEDED?**

This funding is to promote Inclusion, please explain why your child will not be able to attend this provision without funding?

**6) APPLYING FOR STAFFING**

Who will be employing the worker in this role?

Has specific training been offered to support the child?

All staff are expected to be safer recruited and DBS checked

**7) DATES THAT FUNDING WILL COVER****8) FUNDING DETAILS - PLEASE COMPLETE EITHER SECTION A AND/OR B****a) STAFFING**

Number of hours per week additional staffing needed:	Number of weeks additional staffing needed:	Hourly rate	Total cost:
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**Total requested for additional staffing ( Maximum £500 per child per financial year)**

**OR**

**b) OTHER COSTS**

Other costs, eg fees, equipment/resources, staff training (give details):	Total of other costs:
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**Total requested for other costs(maximum £300 per child per financial year)**

If amount requested does not cover the full cost, how will you meet the shortfall?

## 9) ADDITIONAL INFORMATION

**In some situations families and children may also be entitled to other benefits.**

Does the child have a parent in employment who can access Childcare Vouchers? Yes/No

Does the setting make families aware of Childcare Element of Working Tax Credit? Yes/No  
Information at [www.payingforchildcare.org.uk](http://www.payingforchildcare.org.uk)

Disability Living Allowance (DLA) is money for children who have care needs or mobility needs. If your child has a disability, you could get DLA for them.

Age rules: Your child must be under the age of 16.

<https://www.gov.uk/dla-disability-living-allowance-benefit/overview>

Personal Independence Payment (PIP) helps with some of the extra costs caused by long-term ill-health or a disability if you're aged 16 to 64. [Personal Independence Payment](#)

Are you in receipt of DLA or PIP? Yes/No

**If you require any further information on any of this please contact :**

David Pearce Jones - County Employment advisor

Steve Laurence - Senior County Employment advisor

Both can be contacted on the team number 01865 328092

**What is your current annual household income? (evidence may be required) please tick**

Under £17,000  £17,001 to £25,000  £25,001 to £30,000  over £30,000

## 10. Exceptional Circumstances

**Are there any exceptional circumstances that you would like to be considered?**

**PAYMENTS - complete relevant section**

**(1)** If payee is a **School**, please enter code (application cannot be processed without this):

School cost centre code:  
Name of school:

**Now go to 'APPLICANT'S DETAILS'**

**If the above does not apply, payment will be by BACS or cheque.**

**(2)** Is the payee already on Oxfordshire County Council's BACS payments system? **Yes / No**  
You can check this with our admin staff on 01865 815187.

**If 'Yes'**, please confirm details:

Name of bank: Bank account name:  
Bank account number: Bank sort code:

**Now go to 'APPLICANT'S DETAILS'**

**If 'No'**, please complete cheque details in (4) below.

**(3)** Name of payee for cheque (please give name as it should appear on cheque):

Address of payee:

Postcode: Tel:

email address for confirmation of payment:

**Now go to 'APPLICANT'S DETAILS'**

**APPLICANT'S DETAILS AND DECLARATION**

**I have read and understood the criteria for the Inclusion Support scheme; and have checked with the family, and with other professionals who support them (eg Out-of-school Liaison Officer, Social Worker, holiday playscheme), that the funding limit for this financial year has not all been used.**

**All staff (paid and unpaid) and volunteers at this setting are checked through the DBS process.**

**I will complete a review form with the parents for this funding when requested.**

**I understand that Oxfordshire County Council has a duty to ensure the efficient and effective distribution of this grant, and agree to keep clear documented evidence of how this funding is spent. I will provide this evidence, including copies of registers, on request.**

**I agree to return any funding which is unspent.**

Signature: Name (in capitals):

Position: Tel: \*Date:

Address:  
email address:

**PARENTS DECLARATION AND SIGNATURE**

**I have read and understood the funding agreement and will complete a requested review form with the applicant at the end of the funding period.**

Signature: \_\_\_\_\_ Name (in capitals): \_\_\_\_\_

**Applications will only be accepted with a written signature or email confirmation from the parent/carer.**

Date: \_\_\_\_\_

**\*Please ensure that this form is submitted on, or as soon as possible after the date of signature, and reaches us at least a week before the start of the requested funding period.**

**Now please complete the equal opportunities monitoring form on the last page**

**Send applications by post or email to:**

Nowel Chan (Ms)  
Administrative Officer (Specialist)  
Children, Education & Families Directorate  
Foundation Years Team, Education & Learning,  
Oxfordshire County Council, 3/F County Hall,  
New Road, Oxford, OX1 1ND

Email: Inclusion.Support@Oxfordshire.gov.uk

Tel: 01865 815187

**Office use only**

**Please date stamp below**

**Area: North**

Amount to be paid: £ .....

Cost centre code: **EL1878**

Reference for payment:

**CHILD'S SURNAME plus as much as space allows of INC SUPP SCHEME**

Letter of notification sent on: .....

Review form sent on: ..... Chase date: .....

Foundation Years Officer: .....

April 2015

# Central Area Oxfordshire County Council Inclusion Support Scheme

## Equal Opportunities Monitoring

**This form is to be completed by the parent or carer, rather than by a staff member.**

**Please help us by completing the following questions. All information is strictly confidential. We are committed to promoting equal opportunities. This information will help us to know who is using our services and how to plan for the future.**

Is your child Male  or Female

**Ethnic Origin: To which of these groups do you consider your child belongs (We have used the same wording as the last UK census).**

**How would you describe your child's national identity?**

- English       Welsh  
 Scottish       Northern Irish  
 British       Other

(please write in).....

**What is your child's ethnic group?**

- A) White  
 English / Welsh / Scottish / Northern Irish / British  
 Irish  
 Gypsy or Irish Traveller  
 Other

(please write in).....

- D) Black / African / Caribbean / Black British  
 Caribbean  
 African  
 Any other Black / African / Caribbean background

(please write in).....

- B) Mixed/ multiple ethnic groups  
 White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other mixed background/multiple ethnic background

(please write in).....

- E) Other ethnic group  
 Arab  
 Any other ethnic group

(please write in).....

- C) Asian or Asian British  
 Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Any other asian background

(please write in).....

Data Protection: The information on this form is used for statistical purposes and the administration of the Inclusion Support Scheme.

Please complete this form with the Inclusion Support Scheme form. Thank you.