Early Years Development & Childcare Partnership



**Sustainability Grant**

**For registered childcare providers**

Funding Application Form 2016/17

**Childminders**

**1** .**Details of Setting**

Contact Name: ……………………………………………………………………………………

Address: ……………………………………………………………………………………………

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

Postcode: ………………………………….. Tel no: …………………………………………....

Email Address: …………………………………………………………………………………….

When was your setting established? Month: Year:

**2**. **Registration Details.**

**Please provide the following details**

|  |  |
| --- | --- |
| Number of children on registration certificate. |  |
| Please provide CSSIW registration number |  |
| Date of last inspection |  |
| At the time of application, approx. number of children attending each day:  Of which, how many are your own children? | …...  …… |

**N.B. We may ask to see a copy of your registration certificate and/or last inspection report**

## 3.FinancialDetails

Please tell us about previous application for a sustainability Grant?

|  |  |  |
| --- | --- | --- |
|  | **Amount applied for** | **Amount awarded** |
| 2014/15 |  |  |
| 2015/16 |  |  |

**4. Why is the sustainability grant needed?**

|  |  |
| --- | --- |
| **Membership & Insurance**  (2016/17 costs).  **You will need to include the cost of this on your application** | £ |
| **Quality Assurance** | £ |
| **Total Amount requested** | £ |

**5**. **Child Protection**

Tell us what measures you have in place to safeguard children in your care e.g. Disclosing and Barring Service checks, policies

Tell us how you monitor concerns regarding child protection and how you would refer on those concerns if needed.

**Date of last Child Protection course undertaken and with whom:**

**……………………………………………………………………………………………………….**

6. Declarations and signatures by person completing the application:

## *I/we declare that*

* The information on this form is accurate
* I/we have the power to accept a grant under your conditions and repay the grant if I/we do not keep to the conditions
* I understand that if this application is successful the grant will be subject to terms and conditions. These will be issued with the grant offer.

7. Authorisation:

This form must be signed by the person making the application, and be an original signature

Name…………………………………………………………………………

Signed………………………………………… Date ……../……./…….

**Please send completed application forms to**:

Debbie Maule

Western Vale ICC, Station Rd, Llantwit Major CF61 1ST Tel: 01446 793030

Closing Date: 12 noon Friday 10th June 2016

N.B. applications received after this time and date will not be accepted

|  |  |  |  |
| --- | --- | --- | --- |
| Office use only | | | |
| Date Application returned |  | Form signed |  |
| Approved/Rejected |  | Appraised by: |  |