

Appendix B – Application form for accessing funding for training from Poole Early Years Surestart grant



Application form to be submitted in hard copy (not by email) to the named contact below:

Lisa Tickhill
CYPSSQI
Borough of Poole
Civic Centre
Poole
BH15 2RU
Tel: 01202 633884
Fax: 01202 633886
Email: l.tickhill@poole.gov.uk

All applications will be selected using the following criteria:

- Applicants who have exhausted all other routes of funding open to them
- Applicants who have a record of meeting set performance levels in their current post
- Have the written support of their settings leader
- Have clear links of how this training supports the setting's quality improvement plan
- Have commitments to achieving EYPS (if applicable)

Priority of applications will be given to applicants who fall within the following category:

- Applicants whose setting is located in a disadvantaged area or setting with significant numbers of children who come from a disadvantaged area

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Part 1. Candidate, employment & qualification details to be completed by the candidate

Personal details:

Title (tick one) Mr Mrs Miss Ms Other

First name(s) Surname

Residence name/number:
 Address:
 City/town:
 County: Postcode:

Contact telephone number: Contact e-mail address:

Do you have an active user account on the Poole CPD Online website (www.pooleworkforcedevelopment.co.uk)? Yes [] No []

Do you regularly access the Poole CPD Online website? Yes [] No []

Employment details:

What is your current job title?
 When did you start your current role? (MM/YYYY) ___/___
 What is the average number of hours you work in your current role? _____ hours per week

Name of setting/organisation:
 Address:
 City/town:
 County: Postcode:
 Telephone number: e-mail address:

Please tick the boxes that best describe your setting:

- Childminder Sessional care Full day care
 Out of school care Other (please specify)

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Education details:

Do you have a literacy or English qualification at Level 2 or higher e.g. GCSE English at grade A-C or you have passed the National Adult Literacy test?

Yes [] No []
Don't know []

Do you have a numeracy or mathematics qualification at Level 2 or higher e.g. GCSE at grade A-C or you have passed the National Adult numeracy test?

Yes [] No []
Don't know []

Please list your academic and/or vocational qualifications achieved to date, e.g. 4 GCSEs at grade A-C, 2 A levels at grade A-E, Diploma in Childcare and Education

Qualification/Award	Grade	Year

Any other supporting information

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Desired short course training details:

Chosen training:		
Chosen provider:		
Cost of the course:		
Start date of the course:		
Length of course:		

How will this training complement or improve your performance in your current job role or help to achieve future career aspirations?

Desired qualification details:

Chosen qualification:		
Chosen provider:		
Cost of the qualification:		
Start date of the course:		
Length of course:		

Please state how you have ensured no other LSC funding is available for this qualification?

How will this qualification complement or improve your performance in your current job role or help to achieve future career aspirations?

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Link to settings Quality Improvement Plan (QIP):

Please detail how completion of this qualification links into your settings quality improvement plan. A copy of the relevant section from your plan can be submitted in support of your applications, but does not replace the need for you to specifically outline how the qualification links with the plan.

Candidate's declaration

The information I have given on this form is correct to the best of my knowledge.

Signature: _____ Date ___ / ___ / ____

The information you have given will be held on a central database within the local authority. All the information will be handled in accordance with the Data Protection Act and no one will be able to obtain information about you personally from any published statistics.

We will use the data to monitor take up and achievement of training and qualifications across the area of Poole and may pass some details to selected third parties but this will not contain any of your private details.

If you have any concerns about or objections to the use of data for these purposes, please contact us by writing in the first instance to Lisa Tickhill, CYPSSQI, Borough of Poole, Civic Centre, Poole BH15 2RU Tel: 01202 633884; Fax: 01202 633886; Email: l.tickhill@poole.gov.uk

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Part 2. Employer's section

Do you consider the candidate to be suitable for the course / qualification requested?
Yes [] No []

Are you willing to support the candidate during the course / qualification?
Yes [] No []

Are you able to provide mentor support (if applicable) for the candidate?
Yes [] No []

Are you in a position to provide any work related learning (if applicable) for the candidate to complete the course / qualification?
Yes [] No []

We would be grateful if you could use the space below to comment on the applicants suitability for the intended courses / qualification and how the setting will support them with this.

Employer's declaration and signature

Applications for Foundation degrees and degrees will only be considered / approved if the employer confirms the employee will go on to achieving EYPS as a final outcome with an approved provider within the agreed period of time from the date of commencement of the qualification.

I have read the completed application form and confirm to the best of my knowledge the information provided is accurate. I also agree to the declaration regarding funding for foundation degrees and full degrees.

Signed:

First name: **Surname:**

Job title:

Date:

Please return application form to: Lisa Tickhill, CYPSSQI, Borough of Poole, Civic Centre, Poole BH15 2RU Tel: 01202 633884; Fax: 01202 633886; Email: l.tickhill@poole.gov.uk

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