***The little acts of kindness* application form**

*Please complete and return the application form with the necessary supporting documentation to the school office.*

**Your Details**

|  |  |
| --- | --- |
| **Title:** | *Miss, Ms, Mrs, Mr or Other* |
| **Surname or Family Name:** |  |
| **First Name:** |  |
| **Partner’s Surname (if applicable):** |  |
| **Partner’s First Name (if applicable):** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Email address:** |  |
| **Bank Account Name** *(only required if you are seeking a reimbursement)* |  |
| **Bank account sort code and account number** *(only required if you are seeking a reimbursement)* |  |

**Children you wish to claim for:**

|  |  |  |
| --- | --- | --- |
| Name of child | Form Group and Year | Date of Birth |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**I am claiming support for:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Curriculum trips and year group residential |  |  | Travel to and from school |  |
| Other educational visits and trip |  |  | Expenses to attend seminars, interviews or work experience placements |  |
| School uniform, shoes or sports/PE kit |  |  | Visits to Universities |  |
| Educational equipment |  |  | Other |  |

**For curriculum trips, residentials, educational visits and other trips please complete the table below:**

|  |  |
| --- | --- |
| Name of trip/visit |  |
| Dates of trip/visit |  |
| Total cost of trip/visit |  |
| Amount paid to date |  |
| Amount outstanding |  |
| Amount of support requested |  |
| Reason why you are seeking support |  |

**For school uniform, shoes or sports/PE kit applications please complete the table below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Tick if needed** | **Number needed** | **Size** |
| Blazer |  |  | Chest: |
| Tie |  |  | Length: |
| Skirt |  |  | Waist: |
| Trousers |  |  | Waist:  Leg: |
| Jumper |  |  | Chest: |
| PE polo shirt |  |  | Chest: |
| PE rugby shirt |  |  | Chest: |
| PE shorts |  |  | Waist: |
| Other: |  |  |  |

**For all other applications please provide further details in support of your request below:**

|  |
| --- |
|  |

**Please attach the required evidence to your application form along with any receipts if you are seeking a reimbursement.**

**Declaration**

I certify that the information provided here is true. I understand that a false declaration will result in the refusal of this application.

|  |  |  |
| --- | --- | --- |
| Parent or Carer’s signature: |  | Date: |
|  |  |  |

Your application will be processed in due course.

|  |  |
| --- | --- |
| **Office use only** | |
| Date Received: |  |
| Received by: |  |
| Approved? | YES / NO *(delete as necessary)* |
| Approval Date: |  |
| Approved by (name of Headteacher): |  |
| Headteacher Sign & Date: |  |
| Finance Approval: |  |
| Sign & Date: |  |

**Decision tree**

Support provided from the schools pupil premium allocation

Support provided from the 16-19 bursary fund

Application rejected

Financial support provided

Yes

Yes

No

Yes

Request for funding received

Is the young person eligible for pupil premium funding?

Is the young person eligible for a 16-19 bursary?

Has evidenced been provided that the eligibility criteria has been met?

Is the request for support less than £50?

Submit the application to the Trust to consider the value of support available

No

No

Yes

No