

Application Form for GRADUATE SUPPORT PROGRAMME

Graduate Leader Subsidy

1. Application Type:		Graduate Leader Subsidy
2. Setting Details:		
Owner/Manager's name		
Setting Name		
Setting Address		
Postcode		
Telephone Number		
Email address		
Ofsted Registration Number		
Date of last Ofsted inspection		
Current Ofsted grading		
Number of registered places		
Number of paid staff		
Number of staff who hold a Level 3 or higher qualification		
Setting in receipt of The Early Years Entitlement	Yes / No	
Setting on 2yr pilot	Yes / No	

3. Please detail below the person legally authorised to enter into a contract with Lincolnshire County Council:

Name		Position	
Contact Number <i>(if different from above)</i>		Email address <i>(if different from above)</i>	

4. Details of Graduate Employee:

Full Name			
Date of appointment			
Job Title			Trainee Leader: Yes / No
Please outline leadership responsibilities/duties			
Current salary	£		

5. Current Relevant Qualification achieved - please give the course title, identify date, year, where completed and the awarding body

6. Title of qualification currently undertaking (If relevant)

7. The setting must meet All of the following criteria to qualify for this grant

1	The setting is either a Private, Voluntary or Independent early years & childcare settings who employ a graduate after 1 st April 2011	YES/NO	
2	The setting is open and offering places for children from birth to five, for 4 or more hours per day	YES/NO	
3	The setting is open 5 days per week	YES/NO	
Please state your settings opening hours. Mon: Tue: Wed: Thurs Fri			
4	The setting is registered for 18+ places	YES/NO	
5	The setting received a good or above Ofsted grading or green/dark green Birth to Five RAG or your setting is in an area defined as being 30% most disadvantaged area of Lincolnshire.	YES/NO	
6	The graduate should be employed for a minimum of 20 hours per week, or a minimum of 51% of the setting opening hours – whichever is the greatest	YES/NO	
7	This leader is committed to gaining Early Years Professional Status before 2015	YES/NO	

8. Please declare how you will spend the Graduate Leader Subsidy should your application be successful?

You will be required to complete and submit a monitoring form to report on expenditure together with an interim application after 6 months in order for reassessment of eligibility criteria for second and final payment of this year's fund.

Declaration of Expenditure	Expenditure
I agree: <ul style="list-style-type: none"> To enhance the salary of the graduate leader (or trainee) within my setting. This will be shown on the graduates salary slip as a bonus and not an increase to the hourly rate. 	
TOTAL ESTIMATED EXPENDITURE	£

9. Payments will be made 6 monthly, please give the relevant information below in order that funds can be transferred directly into your account, after which an interim 6 month application should be completed. The second payment is not automatic.

Name of bank / building society	
Address of bank / building society	
Sort code	
Account number	
Name of account holder/s	

10. Self Declaration for Graduate Employee to Complete					
Gender (please circle)			Male / Female		
Date of Birth (DD/MM/YY)					
Do you consider yourself to have a disability?			Yes / No		
Ethnicity (please tick)					
White British	<input type="checkbox"/>	Mixed Other	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White/Black Caribbean	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
White/Black African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
White/Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>		<input type="checkbox"/>

Please note, detailed evidence will be required of expenditure and monitoring of the impact of funding on improved outcomes for children.

11. DECLARATION (IMPORTANT PLEASE READ THOROUGHLY)

- I confirm that all of the details listed above are correct at the time of submitting this application.
- If successful I agree to provide in depth regular budgetary, monitoring and evaluation information.
- Graduate must stipulate intention to become EYP
- Graduate/setting must report on monitoring form impact on practice
- I am committed to my setting having a leader with Early Years Professional Status before 2015
- I will inform Birth to Five Services in writing immediately if graduate leaves the course, employment or takes long term sick leave
- I have the authority to accept responsibility for the above agreement.

Name: _____ **(Owner/Manager)**

Position in organisation (must be leader or manager): _____

Signed: _____ **Date:** _____

Graduate Name: _____

Graduate Signed: _____ **Date:** _____

NON-COMPLIANCE WITH CONDITIONS OF THE FUND

Should a setting fail to comply with any of the conditions, funding may cease immediately. The setting will receive notice in writing outlining the areas of non-compliance.

Monitoring forms will be accessible on the Birth to Five web site. Failure to return the forms by the stated deadlines will result in a halt of further funding.

Evidence Check List

Please ensure that you provide the following documentation with your application form:

Criteria	Evidence Required	Please tick
Good or above Ofsted report or green/dark green RAG (BFS will be able to access this)	Copy of Ofsted report	
Registration for 18 or more children	Copy of ofsted registration	
Graduate employed 20 or more hours per week or 51% of settings opening times	Copy of graduates job description (including contracted hours)	
Evidence of Self Evaluation	Copy of SEF	
Graduate is enrolled on approved appropriate qualification	Copy of enrolment	
Graduate is suitably qualified for GLS	Copy of graduates certificate	
Proposed graduate must be willing and able to become an Early Years Professional before 2015	Statement of commitment form graduate	
The setting must agree to assist the nominated employee to obtain EYPS within a reasonable time and enable them to act as the professional practice leader for the setting	Statement of support offered to graduate member of staff	
To complete an provide accurate and satisfactory monitoring as outlined in offer letter, along with audit evidence	Quarterly monitoring forms at specified throughout financial year	

Additional Criteria	Evidence Required	Please tick
Advertised fee for all age groups	Setting leaflet or prospectus	
Staff details and qualifications held	Table showing name, start date, and highest qualification held	