

## Interim Application Form for GRADUATE SUPPORT PROGRAMME

### Graduate Leader Subsidy or Future Graduate Allowance

<b>1. Application Type: (please tick)</b>	
Graduate Leader Subsidy (GLS)	Future Graduate Allowance FGA
<b>2. Setting Details:</b>	
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	<b>Yes / No</b>
Setting on 2yr pilot	<b>Yes / No</b>

**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>	

<b>4. Details of Graduate Employee:</b>	
Full Name	
Date of appointment	
Job Title	Trainee Leader: Yes / No
Please outline leadership responsibilities/duties	
Current salary	£

**5. The setting must continue meet All of the following criteria to qualify for this grant**

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

**OR**

**Future Graduate Allowance (plus all of the above)**

h	I employ a leader for a minimum of 20 hours per week working towards the Early Years Foundation Degree	YES/NO	
i	This leader is committed to gaining Early Years Professional Status before 2015	YES/NO	

<b>6. Have you had a recent Ofsted inspection, if so what was the outcome?</b>

<b>7. Please indicate here if you have become a 'setting causing concern'</b>

**8. Please indicate the dates previous monitoring forms were submitted to Birth to Five Service**

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**9. Payments will be made 6 monthly. Approved applications will be transferred directly into your account please give the relevant information below.**

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				
<b>Ethnicity (please tick)</b>					
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.

Failure to have started on route towards Early Years Professional Status within 6 months of the initial payment (unless appropriate reasons are given) may result in a halt of funding and possibly recovery of monies paid. No exceptions will be given.