

## Level 2 Certificate for the Children & Young People's Workforce FUNDING APPLICATION FORM 2010 / 2011

Funding will only be available to applicants working in the non-maintained PVI sector only (Private, Voluntary & Independent). Qualifications eligible for funding will have been defined by the Children's Workforce Development Council as full & relevant, meeting the requirements of the Early Years Foundation Stage framework on their list at <http://qualificationslist.cwdcouncil.org.uk>

Funding can only be used with a 2010 / 11 Birth to Five Service approved training provider, you will find their details on the Birth to Five Service website [www.birthtofive.org.uk](http://www.birthtofive.org.uk) / training / Continued Professional Development

### ENTRY REQUIREMENTS:

1. Candidates MUST have been employed in their current position for 6 months minimum, prior to making an application for funding
2. Candidates MUST be working for a minimum of 10 hours per week in a single setting (for a minimum of 38 weeks per year)
3. Applicants must be able to evidence undertaking core training during this initial 6 months – *a copy of the training passport or a list of courses should be attached*

Title	First name	Last name
Address		
Post Code		
Home Tel:		
Mobile Tel:		
e-mail:		

*Failure to complete all sections may result in the return of the form to the applicant, and will delay consideration of your application*

**You will only be eligible to apply for funding if you meet one of the criteria below, please tick next to the box that best describes your situation:**

Currently employed in a non-maintained Ofsted registered early years & childcare provision within Lincolnshire (part or full-time) <small><i>Day Nursery, Pre-school, Playgroup, Independent School, Out of School Club</i></small>	<input type="checkbox"/>
Working as a Ofsted Registered Childminder within Lincolnshire	<input type="checkbox"/>

**Please give all relevant details of the setting that you are employed (if registered as a Childminder please just state your registration number & type of setting):**

Name of Manager / Owner					
Name & Address of setting					
Ofsted registration Number					
Your job title					
Type of setting * Please circle	Independent School	Voluntary Pre-school	Private Day Nursery	Registered Childminder	Out of School Club
Other *Please state					

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Have you received funding from Lincolnshire County Council for any previous qualification courses	YES / NO
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If yes, please give details below:

Name of qualification	Level	Date achieved

How many training providers have you contacted for information on this qualification	
What were your reasons for choosing this particular training organisation	

<p><b>Please detail below how you have agreed to complete the 350 notional learning hours necessary for course completion</b></p>

**Factors to consider:**

1. It may not be favourable if you have previously applied for funding from Lincolnshire County Council, and then subsequently failed to complete the course
2. Lincolnshire County Council will only fund applicants to pursue a qualification that is higher than a level already held or previously paid for by LCC (in the relevant field)
3. All applicants are required to complete audit / monitoring forms sent out from Lincolnshire County Council, as requested, failure to return these forms may affect your funding
4. Any additional costs to re-sit or re-submit pieces of work will have to be met by the applicant.
5. LCC has the right to withdraw funding from a candidate if they demonstrate ineffective progress, in any area *\*after discussions with the relevant training provider* after which point 3 would be considered

**SUPERVISOR TO COMPLETE**

Lincolnshire County Council ask that Supervisors commit to developing the candidates professional development, by giving appropriate support and allocating time that may be required to successfully complete this qualification

Print Name	
Signature	
Date	

Please state the date this member of staff commenced employment with you	
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Candidates should submit a **copy** of their job description & contract of employment so evidence job role and contracted hours – if you are a registered childminder you should submit a copy of your registration certificate and a list of your opening hours

### TRAINING PROVIDER TO COMPLETE

Please sign to state that the candidate meets the minimum requirements necessary for funding and a place has been provisionally offered:

Training Providers must commit to completing a 'monitoring return' to track student retention, progress and achievement on the courses against which they are being funded on a termly basis.

Name of College / Training Organisation	
Address	

Full cost of the course	£
Lincolnshire County Council to pay	£
Balance to be paid by Candidate	£

A maximum single payment for **£600** per candidate will be paid, should the cost of the course exceed this amount it will be the responsibility of the candidate to seek the difference

Signature Course Leader	
Date	

Suggested date of course commencement	
Expected date for completion	

Print Name of Assessor allocated to this candidate	
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### DECLARATION:

To the best of my knowledge the information I have completed on this form is correct. If I am successful in obtaining funding from Lincolnshire County Council I will undertake to complete the course I am funded for.

I understand that Lincolnshire County Council reserves the right to reclaim a percentage of course costs from me, if I leave before I complete the course.

I understand that if I complete the mandatory units of this qualification and then decide to alter the direction of my studies to the learning and development support services pathway or children's social care pathway, I will be required to pay back any course fees that have been paid to the training provider by the local authority

Signature of applicant		Date	
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For statistical purposes please complete the following:

Gender	Male / Female
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Registered Disabled	Yes / No
Ethnic Origin *please specify	

A review of these criteria will take place on a six monthly basis to take effect after the review date. This review will be based upon funding available and revised priorities resulting from Government guidelines, Children's Workforce Development Council aims and Lincolnshire Children's Workforce Strategies.

If the funding awarded has not been claimed within 3 months of the approval, applicants will have to re-apply for the funds and will be subject to any new criteria at the time of application.

**Please return completed applications to:**

Sue Otter, Birth to Five Service, Lincolnshire County Council, The Old School, Lamb Gardens, St. Giles, Lincoln, LN2 4EG

Failure to complete all sections appropriately will result in the application being returned

Should you have any queries regarding this form or eligibility please do not hesitate to contact the Birth to Five Service Workforce Development Team on 01522 587570

*Lincolnshire County Council is registered under the Data Protection Act 1998. Data collected will be used specifically for training statistical analysis and only summary information will be released. No personal information will be passed to any agencies or individuals.*

**FOR OFFICE USE ONLY**

Total to be paid	£
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BACS		
Invoice		No.
Cheque		Payable to:

Prepared by	
Authorised by	
Vendor number	
SAP code	
Processed by	

<b>61067</b>	
<b>61091</b>	



Managed Service on behalf of

**Every Child Matters In Lincolnshire**

