

Quarterly Monitoring Form Graduate Leader Fund 2010/2011

Quality Premium / Recruitment Incentive / Home Grown Graduate Incentive

Quarter accounting for _____ (period of 3 months)

Setting Details:	
Owner/Manager's name	
Setting Name	
Setting Address	
Postcode	
Email address (if applicable)	
Telephone Number	
Ofsted Registration Number	
Number of childcare places within the setting	
Number of paid staff	
Date graduate left <i>(if applicable)</i>	

If the graduate that has left the setting has been replaced enter the details of the new graduate and have the graduate complete the self declaration section			
Details of New Graduate Employee: (if applicable)			
Full Name			
Date of appointment			
Position held		Trainee Leader	
		Yes / No	
Please outline leadership responsibilities/duties			
Salary			
Current Relevant Qualification (please tick)			
EY's Foundation Degree	<input type="checkbox"/>	QTS	<input type="checkbox"/>
	<input type="checkbox"/>	Other Level 5	<input type="checkbox"/>
	<input type="checkbox"/>	Other Level 6	<input type="checkbox"/>

Graduate Leader Fund evidence of expenditure – Please provide a detailed list, receipts should be retained by the setting for auditing purposes – but should be available if required at short notice

Recruitment Incentive April 2010 / March 2011 spent on: <i>(if applicable)</i>			
	<i>Spent this period</i>	<i>Spend to Date</i>	<i>Predicted Future Spend</i>
Salaries: (e.g. salary enhancement for named graduate)			
Training costs: (Please complete additional sheet)			
Other (please specify giving as much detail as possible) <ul style="list-style-type: none"> • • • • • 			

Quality Premium / HGGI April 2010 / March 2011 spent on:			
	<i>Spent this period</i>	<i>Spend to Date</i>	<i>Predicted Future Spend</i>
Training of graduate(s) (complete additional sheet if this is not just for cover costs)			
Training of other staff (complete additional sheet)			
Salaries (if applicable e.g. salary enhancement of named graduate)			
Other (please specify giving as much detail as possible) <ul style="list-style-type: none"> • • • • • • • 			

Title of training/event	Venue	Date	Cost	How do you plan to provide evidence of evaluation feedback for this training/event?

Please photocopy this form should you require more space

This form was completed on behalf of the setting by:

Name: _____ Signature: _____

Position in setting: _____

In order for us to monitor and evaluate the effectiveness of the fund please use this space to make any additional comments e.g. how the fund has helped children/families, graduate and the setting:

--

Graduate Self Declaration Annex

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"/>

For Local Authority use only	
The provider meets the condition set out in the Graduate Leader Fund Guidance	
Name of Officer	
Position in the organisation	
Signature	



Managed Service on behalf of

