**High Needs Funding Application**

**Requiring more than £6,000 of additional learning support**

This form should be used by providers to detail individual support costs for all High Needs students enrolling in 2022/23. **All sections must be fully completed.** Providers are, in line with audit, required to keep records of how they supported the students and the associated spend.

When agreed, this application will be the Individual Placement Agreement (IPA) which forms part of and is in accordance with the Contract for the provision of care and education of Child/Learners in Day and Residential Schools and Colleges that are registered with the relevant Inspectorates made between the Provider and the Authority. The relevant Schedules that complete this contract are

**Part 1: Provider Details**

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| Schedule 1**: Arrangements for the Provision of Education and Care in Schools.** | **[ ]**  |
| Schedule 2: **Individual Placement Agreement**  | **This Version** |
| Schedule 4: **Arrangements for the Provision of Education and Care in Colleges.****.**  | **[ ]**  |

**Part 1: Provider D**

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| **Part 1: Provider Details** |

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| **1.1 Provider name** |  |
| **1.2 Provider UPIN** |  |
| **1.3 Name of Organisation**  **(Registered Legal**  **Entity)** |  |
| **1.4 Registered Company**  **Number/Registered**  **Charity Number** |  |
| **1.5 Registered Provider**  **Business Address (as**  **per legal entity details**  **above)** |  |
| **1.6 Postcode** |  | **1.7 Fax** |  |
| **1.8 Telephone** |  |
| **1.9 Email** |  |

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| **Part 2: Student Details** |

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| **2.1 Name of student** |  |
| **2.2 Date of birth** |  |
| **2.3 Age at start of programme** |  |
| **2.4 Address and postcode** |  |
| **2.5 Student reference number or ULN if available** |  |
| **2.6 Name of current or most recent provider / school** |  |
| **2.7 Dates of most recent assessments** | Education Health and Care Date:Plan |
| **2.8 What is the student’s primary need(s)?** |  |
| **2.9 Student’s highest education achievement to date and name of main qualification (prior attainment level)**  |  |  |
|  | Name of main qualification |  |  |
|  | [ ]  | Pre-entry |
|  | [ ]  | Entry level  | 1 [ ]  | 2 [ ]  | 3 [ ]  |  |
|  | [ ]  | Level 1 |
|  | [ ]  | Level 2 |
|  | [ ]  | Level 3  |
|  | [ ]  | Other *please specify*  |       |  |
|  | [ ]  | No qualifications |
|  | [ ]  | Not known |
| **2.10 Current functional skills level** |  |  |  |  |  |  |
|  | English |  |  | Maths  |  |  |
|  |  |  |  |  |  |  |
| **2.11 Admission Date** |  |
| **2.12 This IPA will be terminated on the following date**  |
|  |
| **2.13 The Child/Learner will be registered at the following registered School, College OR FE Provider** |
| **Name & Address of School, College or FE Provider:** |  |
|  |  | **Postcode:** |  |
| **Telephone:** |  | **Fax:** |  |
| **Email:** |  |
| **Name of Principal/ Head Teacher** |  |
| **OFSTED Reg. No. /DFE/ Skills Funding Agency No/ EFA UPIN:** |  |

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| **Part 3: Study Programme Details** |

To apply for funding, a student must be undertaking an approved Study Programme that supports their progression into work or further study.

Students are expected to apply for programmes delivered locally or within a reasonable travel to learn area, which can meet their reasonable needs. Funding will not be approved for provision out-of-area unless it can be demonstrated that suitable provision is not available locally or within a reasonable travel to learn area.

The Local Authority can only approve any funding application for up to one full academic year. The initial application and any subsequent requests for funding will need to demonstrate that the proposed programme is the most appropriate route for the student and that they would not otherwise be able to progress to their chosen goals.

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| **3.1 Please describe the course content and study programme including level** |  |
| **3.2 Rationale for course and level** |  |
| **3.3 Programme start date** |  |
| **3.4 Programme end date** |  |
| **3.5 Anticipated end date of support, if different** |  |
| **3.6 Total number of programme weeks**  |  |
| **3.7 Number of days per week** |  |
| **3.8 Type of placement**  | a) [ ]  | Day | [ ]  | Residential |
|  | b) [ ]  | Existing programme | [ ]  | New Programme |
|  |  |
| **3.9 Address of Delivery Site** |  |
| **3.10 What ratio of support will be required?** |  |
| **3.11 What is the student’s long term destination?** |  |
| **3.12 How will the programme of study help achieve the student’s long term destination?**  |  |
| **3.13 Transitional arrangements. Details of all arrangements made by the college to ensure the student has a smooth transition into and out of college** |  |

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| **3.14 Proposed study programme details (including proposals for delivery by another provider)** |
| **Study Programme Elements** | **Accredited****(Y/N)** | **Learning Aim Title if applicable** | **Learning aim reference(s) (LAR) if applicable** | **Awarding Body** | **Level** | **Start date** | **Expected** **end date** | **Hours per week** |
| Main learning aim |  |  |  |  |  |  |  |  |
| English |  |  |  |  |  |  |  |  |
| Maths |  |  |  |  |  |  |  |  |
| Tutorial |  |  |  |  |  |  |  |  |
| Work Experience to include independent travel training  |  |  |  |  |  |  |  |  |
| PSD |  |  |  |  |  |  |  |  |
| Total |  |

**Variations to Agreed Study Programme**

Any variations to the agreed study programme or support must be requested in writing to the Local Authority’s named education officer and approval confirmed before any new or amended delivery commences. **Any variations not agreed in advance will not be funded**

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| **Part 4: Identified Needs and Costs** |

Please describe how the funds will be used to support the student. All **support** costs (Element 2 and 3) should be included, not just those over £6,000, and should be **based on assessed need**.

**Additional Support (Education)**

Providers should claim Element 1 **core programme** costs via completion of an Individualised Learner Record (ILR).

The calculation of additional support costs (Elements 2 and 3) should be based on contact hours and / or the small group methodology.

Contact hours must constitute **additional, direct learner contact** with a suitably qualified and experienced member of staff and must not relate to back-office or other costs, e.g. reception, administration. Activities should provide direct learning support to the named, individual student, **over and above** that which is normally provided in a standard learning programme that leads to their learning goal.

A contact hour is defined as an equivalent of one hour of direct contact by one member of staff with a single learner. For example, a contact hour is equal to one hour of one-to-one support, and an equivalent hour is two hours of support by one staff member to two learners (1:2).

**Element Two and Three Additional Support Costs**

|  |  |  |  |  |  |
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| **4.1 Activity**  | **Description of support including ratio and how this is additional to normal core activity** | **No. contact hours per week** | **Cost per hour\*** | **Total Cost** | **Sub-contracted****(Y/N)** |
| Tuition |  |  |  |  |  |
| Learning support |  |  |  |  |  |
| Communication support |  |  |  |  |  |
| Non-medical helper (NMH) e.g. note taker, escort |  |  |  |  |  |
| Multi-agency reviews  |  |  |  |  |  |
| Assessments (Assessment costs should only be claimed where this work is additional to that normally undertaken for students. Please attach copies of assessments with this application). |  |  |  |  |  |
| Special Assessments |  |  |  |  |  |
| Other  |  |  |  |  |  |
|  | **Total** |  |  |  |  |

***\* Cost Per Hour. The provider should ensure that the proportion of costs met from the mainstream funding methodology (Element 1) has been removed before costs are charged to Element 2 and 3 using the small class size methodology.***

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| **4.2 Any other supporting comments / costs** |  |

**Additional Support (Care and Health)**

Care and health costs are not eligible for educational funding and would be subject to assessment and approval by a relevant, independent professional, e.g. social worker, health care professional.

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| **4.3 Has contact been made with Social Care?** | [ ]  Yes | [ ]  No | [ ]  Not applicable |

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| **4.4 Support (Care)** | **Description** | **No. hours per week** | **Cost per hour** | **Total Cost** |
| Assistance with personal care  |  |  |  |  |
| Support accessing social and leisure activities |  |  |  |  |
| Residential Costs |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
|  | **Total** |  |  |  |

|  |  |
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| **4.5 Supporting comments** |  |

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| **4.6 Support (Health)** | **Description** | **No. hours per week** | **Cost per hour** | **Total Cost** |
| Nursing support |  |  |  |  |
| Physiotherapy |  |  |  |  |
| Speech and Language Therapy  |  |  |  |  |
| Occupational Therapy |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
|  | **Total** |  |  |  |

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| **4.7 Supporting comments** |  |

**Equipment**

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| **4.8 Specialist equipment/assistive technology required for study** | **Total cost (depreciation)** |
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| **Total** |  |

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| --- | --- | --- | --- |
| **4.9 Have alternative equipment options been fully explored** | [ ]  Yes | [ ]  No  | [ ]  Not Applicable |
| **4.10 Comments** |  |

**Travel**

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| **4.11 How will the student travel to college / placement?** |  |
| **4.12 Has an application been approved by the LA for travel support / independent travel training?** |  |

**It should not be assumed that the Local Authority will fund travel costs.** If an application is being made to the student’s local authority for travel support, we strongly recommend that this is made as early as possible and a decision confirmed before the student makes a final choice of provider / course.

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| **Part 5: Provider Declaration** |

The remit of this report is to identify the additional expenditure the student will incur in order to attend a designated FE course because of disability, specific learning difficulty or another identified additional support need.

All recommendations made within the report must:

* Be in respect of expenditure not covered elsewhere in student support regulations;
* Arise from attending or undertaking the study programme as well as from the disability/specific learning difficulty.

Recommendations must not be made for:

* Disability/specific learning difficulty related expenditure which any student would incur irrespective of whether or not they are a student;
* Course related costs that any student would incur;
* Expenditure relating to equipment or services that might reasonably be expected to be provided by the institution / provider under other legislation such as Equality Legislation.

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| **5.1 Name** |  |
| **5.2 Position** |  |
| **5.3 Email address** |  |
| **5.4 Telephone number** |  |
| **5.5 Signed** |  |
| **5.6 Date** |  |

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| **Part 6: Confirmed Approval for Health-Related Costs** |

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| **6.1 Has funding been approved for health-related costs?** | [ ]  Yes | [ ]  No  | [ ]  Not Applicable |
| **6.2 Name of Approver** |  |
| **6.3 Position** |  |
| **6.4 Email address** |  |
| **6.5 Telephone number** |  |
| **6.6 Comments** |  |

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| **Part 7: Decision of Student’s Home Local Authority – Social Care**  |

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| **7.1 Is funding approved?** | [ ]  Yes | [ ]  No  | [ ]  Not Applicable |
| **7.2 Name of approver** |  |
| **7.3 Position** |  |
| **7.4 Email address** |  |
| **7.5 Telephone number** |  |
| **7.6 Signed** |  |
| **7.7 Date** |  |
| **7.8 Comments**  |  |

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| **Part 8: Decision of Student’s Home Local Authority - Education** |

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| **8.1 Is educational funding approved?** | [ ]  Yes | [ ]  No  |
| **8.2 Amount of funding approved** |  |
| **8.3 Name of Approver** |  |
| **8.4 Position** |  |
| **8.5 Email address** |  |
| **8.6 Telephone number** |  |
| **8.7 Signed** |  |
| **8.8 Date** |  |
| **8.9 Comments**  |  |

The above provides a decision in principle. A final decision and the release of funding is subject to a copy of the student’s Individualised Learner Record (ILR) being provided to the student’s home Local Authority, no later than six weeks following enrolment.

Payment will be made on receipt of provider invoices on a monthly basis.