**Application for highly vulnerable pupil funding**

|  |  |
| --- | --- |
| **Virtual School Reference Number** |  |

*This form should* ***only be completed following discussions between the LAC Co-ordinator and the Virtual School advisory teacher.*** *The Virtual School Advisory Teacher will raise the application during the weekly teachers’ meeting and contact school about the outcome.*

|  |
| --- |
| **Pupil Details** |
| **Name of Pupil:**  |
| **School Year:**  | **School or educational provision:**  |
| **Does the child have an EHC plan?** |  |
| **The Child’s need**Please describe the need(s) of this child for which additional support is sought. |
|  |
| **The proposed additional support or intervention**Please describe the support which is proposed to address that need. Please specify who will be involved and how long the intervention will last. |
|  |
| **What are the intended outcomes for the child?**Please express as SMART targets. (If the requested intervention is tuition, you may leave this box blank and answer under the tuition section below) |
|  |
| **How will you measure whether these intended outcomes have been achieved?** |
|  |

|  |
| --- |
| **Current Support (1)**Funds can only be awarded by the Highly Vulnerable Fund, where required provision cannot be provided from within PP+ already paid to the school, school funds or other appropriate sources of funding |
| **Please provide an account of your spending from PP+ for this child this year**

|  |  |
| --- | --- |
| **Support (Item/ Service)** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Total:**  |
| **Current Support (2)**Please describe any support which has so far been provided this year in addition to that listed above |
|  |
| **Support to be funded from the Highly Vulnerable Funded**Please provide costings for the intended provisions related to this application |
|

|  |  |
| --- | --- |
| **Support (Item/ Service)** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Total: £** |
| **This section should be completed if the requested intervention is for tuition from an external agency:** |
| **What is the tuition sought for?** |
| **Subject(s):** |  |
| **Hours per week:** |  |
| **Number of weeks:** |  |
| **Start date:** |  |
| **Venue:** |  |
| **Child’s Learning Need** |
|  | **Subject One** | **Subject Two** |
| **Current working level:** |  |  |
| **Area of focus:**(E.g. Fractions, AQA foundation poetry) |  |  |
| **Smart Learning Targets for end of tuition** |  |  |
| **Ideas for teaching and resources etc** |  |  |
| **Other information for tutor:** (E.g. Motivational levels, corrective eyewear, learning difficulties etc) |
| **Name of Virtual School advisory teacher leading on this application:****Date:**  | **School contact:** **Name:** **Role:****Date:** |
| **Thank you!**Once the intervention or support is underway you will be asked for an evaluation of the impact of the intervention on the child.By submitting this form you are agreeing to provide the Virtual School with such an impact assessment when requested. |

|  |
| --- |
| **FOR VIRTUAL SCHOOL USE ONLY** |
| **Approved by:** | **Date:** |
| **Or, Rejected by:** | **Date:** |
| **Condition of Approval or Reason for rejection:** |
| **Ref:** | **Cost Centre: 10118** |
| **Presence** | **Participation** | **Progress** | **Professional support** | **Projects** |
| **Payment to be made to:** | **School Yes/No****Other (EG direct to agency. Provide details):** |
| **Evaluation required?** | **Yes/No** | **Evaluation received?** | **Yes/No** |

|  |
| --- |
| **Minutes:**(Record extensions or changes to initial agreement, invoices and evaluation received and processed etc) |
| **Date** | **Name** | **Action or Decision** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |