***Please complete this form electronically and email to*** *InclusionService@bristol.gov.uk****and*** *sarah@bandltd.org.uk*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Setting**:  | **Date Completed**: | **Completed by:** | **Role:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child’s name**:  | **Type of session:** *specify Breakfast Club/ After School Club/ Holiday Playscheme*Note: Complete one row for each type of session the child is attending. | **Number of hours per session** | **Dates booked**DD/MM/YY | **TOTAL number of sessions booked** | **Hourly rate****£ per hour** *(of setting worker – to MAXIMUM £11.44 BAND/ £13 Inclusion Service)* | **TOTAL £ Funding Request***(Hours per session x number of sessions booked x hourly rate)* |
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| **TOTAL £ Funding request for setting***(for ALL children)* |  |  |  |  | **£** |  |

**Additional funds from your own budget:**

If your setting provides/funds additional support for disabled children/young people **from your own budget** (in addition to the funding being requested) please give us details of this for our records:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child’s name**:  | **Type of session:** *specify Breakfast Club/ After School Club/ Holiday Playscheme*Note: Complete one row for each type of session the child is attending. | **Number of hours per session** | **Dates booked**DD/MM/YY | **TOTAL number of sessions booked** | **Hourly rate****£ per hour**  | **TOTAL ‘In-house’ support provided by setting***(Hours per session x number of sessions booked x hourly rate)* |
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