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| **Application for Funding –Creation or Expansion of Wraparound Provision.**  ***Please read alongside application process and criteria*** and provide your responses in the grey boxes.  ***Completed form should be submitted to***[***:***](mailto:childcareplanning@sheffield.gov.uk) educationandchildcarecommissioning@sheffield.gov.uk | | | | | | | | | | |
| **1.Name & Address of School/Setting/Childminder.** | | | |  | | | | | | |
| **1a. Ofsted Registration Number & Grading.** | | | |  | | | | | | |
| **1b. Company Type if not a School** | | | |  | | | | | | |
| **2. School / PVI Provision to be created or expanded** *(For childminders and PVIs please name the school or the schools it will serve).*   * ***Full*** *wraparound places must cover the hours of 8am to 6pm, Mon-Fri (or at least 5.30pm if 6pm finish isn’t possible).* * ***Partial*** *provision i.e. it does not cover these hours Monday to Friday funding* ***may*** *still be available in certain circumstances.*   *Where you plan to provide partial places, or places that aren’t available until 6pm please detail in further information or Q5.* | | | | | | | | | | |
| **3. Number of existing Breakfast Club places** |  | **Yes/**  **No** | | **No of new FULL places** | **No of new PARTIAL places** | **Start date (Sep 25/ Jan 26/ Apr 26)** | | | | **Further Information** (include opening times) |
| **New Breakfast Club** | |  | |  |  |  | | | |  |
| **Additional Breakfast club places added to existing provision** | |  | |  |  |  | | | |  |
| **Extension of opening hours** (please detail) | |  | |  |  |  | | | |  |
| **4. Number of existing After School places** |  | **Yes/No** | | **No of new FULL places** | **No of new PARTIAL places** | **Start date (Sep 25/ Jan 26/ Apr 26)** | | | | **Further Info** *(Include opening times)* |
| **New After School Club** | |  | |  |  |  | | | |  |
| **Additional after school club places added to existing provision** | |  | |  |  |  | | | |  |
| **Extension of opening hours (please detail)** | |  | |  |  |  | | | |  |
| If applying for after school provision only, please state the number of before school places available at this school and details of provider: | | | | | | | | | | |
| **5. Full details of proposed project**  What do you propose to do to deliver your wraparound offer? Please include additional clarification of any partial provision proposed. | | | | | | | | | | |
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| **6. What model of delivery are you proposing?** (School run PVI on site/off site etc.) | | | | | | | | | | |
|  | | | | | | | | | | |
| **7. What is your understanding of local demand for this increased provision** (Details of parental surveys/waiting lists/enquiries/market research/ other evidence you have). **If your proposal is for partial places, please provide evidence of demand & your rationale e.g parental survey responses/waiting lists/enquiries/other market research** | | | | | | | | | | |
|  | | | | | | | | | | |
| **8. Are there other provisions offering this service in your local area? If so who/what is their offer and do they have existing vacancies? Have you consulted with them/ Do you intend to consult them about your proposals?** Please add any further information you feel is relevant | | | | | | | | | | |
|  | | | | | | | | | | |
| **8a. PVI’s and Childminders only – Has your proposal been developed in collaboration with one or more local primary schools? Please state the name of these school/s and provide a supporting statement from their headteacher.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **9. Will these places be accessible to all children, including those with special educational needs and disabilities.** Please detail how you currently support children with additional needs. | | | | | | | | | | |
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| **10. FINANCIAL INFORMATION –The Financial Forecast Tool may help you complete this section. Please note wraparound funding is to support provision to September 2026, however 26/27 figures will demonstrate any shortfall for provision to be sustainable.** | | | | | | | | | | |
| **10a. CHARGING STRUCTURE- Please detail your charging structure** (i.e. cost to parents, per hour or per session) | | | **Breakfast club -** | | | | | **After School Club -** | | |
|  | | | **£** | | | | | **£** | | |
| **Do you offer any subsidy for multiple siblings and low income/disadvantaged families?** | | |  | | | | | | | |
| **10b. EXPENDITURE– Incurred to deliver the additional places and/or extend opening times** (Please note this is *not* to include existing running costs) | | | | | | | | | | |
|  | | | **Year 1 – Sept 2025/Aug 2026** | | | | **Year 2 – Sept 2026/Aug 2027** | | | |
| **Childcare staff \*(**Please give details below) | | |  | | | |  | | | |
| **Recruitment and Training** | | |  | | | |  | | | |
| **Premises Rental** | | |  | | | |  | | | |
| **Equipment and Resources** | | |  | | | |  | | | |
| **Consumables (Food and Resources)** | | |  | | | |  | | | |
| **Other (please detail)** | | |  | | | |  | | | |
| **Total Expenditure** | | |  | | | |  | | | |
| ***\*Please detail additional staff to be employed to deliver the new places (staff titles, grades and hourly rates)*** | | |  | | | | | | | |
| **10c. INCOME** (Please detail estimated income to be received through parental fees factoring in that you may not fill all places immediately) | | | | | | | | | | |
|  | | | **Year 1 Sept 2025/Aug 2026** | | | | | | **Year 2 Sept 2026/Aug 2027** | |
|  | | | **£** | | | | | | **£** | |
|  | | | | | | | | | | |
| **10d. TOTAL VALUE OF GRANT REQUESTED?** PLEASE NOTE Funding allocations will be capped at **£1500 per place created** (Unless there are exceptional circumstances. Examples may be high-risk projects where it will take longer to achieve financial sustainability, where demand is low in areas of deprivation, where funding a high proportion of SEND places).  *\*\* Approved funding applicants will receive a one-off upfront payment to cover the entire project\*\** | | | | | | | | | | |
| **£** | | | | | | | | | | |
| **11. When do you expect the new places to be self-financing?** | | | | | | | | | | |
|  | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Name of person completing application** | | | | **Name** | **Position** | **Contact email address and telephone number** | |  |  |  | | | | | | | | | | | |

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| **Area of information** | **Check list proceeding to a formal application – Stage 2** | **Notes** |
| **Demand** | * There is unmet demand in the school or area * We wish to expand our provision in line with the principle of oversupply and demand stimulation * We have or will undertake market research or consultation with families to support our application and will take into consideration other local wraparound providers in our planning * We will communicate our wraparound care widely to families and signpost families to financial support available to them to help with their childcare costs (childcare element of Universal Credit and Tax-Free Childcare) | Yes/No  Yes/No  Yes /No  Yes/No |
| **Quality** | We will work with the Local Authority and Sheffield Wraparound Support Hub (SWASH) to ensure that quality standards are met | Yes/No |
| **Inclusivity** | This provision will meet the needs of all children including those with Special Educational Needs. We also encourage disadvantaged pupils to attend who receive Free School Meals or Pupil Premium, so they get to benefit and experience more. | Yes/No |
| **Essential Criteria** | * All primary ages from Reception to Year 6 to be offered access to wraparound provision | Yes/No  Yes/No |

**Please thoroughly lead the Government’s guidance see link to support completion of this application.**

<https://assets.publishing.service.gov.uk/media/65d735262197b201e57fa72a/Wraparound_childcare_guidance_for_schools_and_trusts_in_England.pdf>

<https://assets.publishing.service.gov.uk/media/65d859af6efa83001ddcc55b/National_Wraparound_Childcare_Programme_Handbook.pdf>

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| **Please return this completed form to education andchildcarecommissioning@sheffield.gov.uk** |

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| **FOR SCC use** | | |
| **Date application considered** | **Outcome** | **Signed off/approved** |
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