

Disabled Children Access to Childcare (DCATCH) APPLICATION FORM



01st April 2019 – 31st March 2020

Disabled children's access to childcare (DCATCH) funding is available for families who are in work or education, with a child and/or a young person who have a high level of additional needs who require wrap around care to the extend the school day or school holiday cover.

Parent/Guardian:

Please note if you have a partner/spouse living at the same address you must both be in paid/voluntary work or accessing training to be eligible for DCATCH funding.

Have you been supported with childcare to allow you to go on training/voluntary work or paid work previously? (Tick as appropriate)

Yes No

Child's details:

Name of child _____ Child's DOB _____

Name of School your child attends _____

Childcare Setting:

Please complete the following information (This form is to be completed by the Manager of the Childcare setting or the Childminder.)

Name of childcare setting _____ URN/EY No _____

Address of setting _____

Postcode _____ Contact phone number _____

Email Address: _____

Is this a new DCATCH application or a continuation of funding request from a previous DCATCH application? (Tick as appropriate)

New Application

Funding Continuation

Date monitoring pack returned to LA

Please note: payments will not be made to any settings until fully completed monitoring documents have been received for all children who have received funding.

Please tick relevant boxes for the child you are claiming funding for from the criteria below

| Targeted Criteria | Tick |
|---|--------------------------|
| Significant learning difficulties | <input type="checkbox"/> |
| Physical and medical needs including sensory impairment | <input type="checkbox"/> |
| Challenging behaviour | <input type="checkbox"/> |
| Is there an EHC in place for the child | <input type="checkbox"/> |
| In receipt of EYAR TOP UP funding from the LA | <input type="checkbox"/> |
| Specialist Criteria | Tick |
| The child is dependent on adults for all transfers and changes in position. | <input type="checkbox"/> |
| The child has invasive medical interventions e.g. Tracheotomy | <input type="checkbox"/> |
| The child has physical difficulties affecting communication | <input type="checkbox"/> |
| The child has Multi-sensory impairment | <input type="checkbox"/> |
| There has active involvement from the Complex Needs Nursing Team. | <input type="checkbox"/> |
| The child has Profound and Multiple Learning Difficulties, which are evident without the need for multi-agency assessment | <input type="checkbox"/> |
| Severe Learning Difficulties and challenging behaviour. | <input type="checkbox"/> |

Provider confirmation:

Please tick relevant boxes to indicate what evidence you have enclosed that both parent/partners meet the eligibility criteria i.e. is in training/voluntary or paid work*:

| | | |
|--------------------------------------|----------|------------------|
| Letter from training provider | Parent 1 | Parent/Partner 2 |
| Letter from voluntary organisation | Parent 1 | Parent/Partner 2 |
| Letter from employer/current payslip | Parent 1 | Parent/Partner 2 |

* Evidence should that both parent/partners meet the eligibility criteria needs to be scanned and saved and the saved evidence sent as an attachment with the emailed application form.

Childcare Details

Please complete the relevant table/s below to indicate the service/s that the child wishes to access and claim DCATCH funding for:

Before and After School Childcare:

Note: Max funded weeks for 2019/20 are Autumn Term = 14, Spring Term = 11, Summer Term =13

| Date child due to start childcare service | How many hours each week attending Breakfast Club | How many hours each week attending After School Club | Total no. of weeks in term | | Total no. of weeks in term Summer Term | Total |
|---|---|--|----------------------------|-------------|---|-------|
| | | | Autumn Term | Spring Term | | |
| | | | | | | Hours |
| <i>Please calculate hours per term</i> | Autumn No. hours per week Breakfast + After school x no. weeks per term | | | | | |
| | Spring No. hours per week Breakfast + After school x no. weeks per term | | | | | |
| | Summer No. hours per week Breakfast + After school x no. weeks per term | | | | | |
| Total for year | Total hours for Autumn term + Spring term + Summer term | | | | | |

Holiday Childcare:

| Date child due to start childcare service | How many hours each week attending Holiday | Total no. of weeks per holiday period | | Total no. of weeks per holiday period Summer Term | Total | |
|---|---|---------------------------------------|-------------|--|-------|--|
| | | Autumn Term | Spring Term | | | |
| | | | | | Hours | |
| <i>Please calculate hours per term</i> | Autumn No. hours per week Holiday Club x no. weeks per holiday period | | | | | |
| | Spring No. hours per week Holiday Club x no. weeks per holiday period | | | | | |
| | Summer No. hours per Holiday Club x no. weeks per Holiday period | | | | | |
| Total for year | Total hours for Autumn term + Spring term + Summer term | | | | | |

Additional Requests

Please list any **further training/support** that your setting may require to meet the child's needs below.

- 1.
- 2.

Funding

Please detail staffing arrangements and the amount of funding you wish to claim.

| | |
|--|--|
| Do you intend to employ a new additional staff member to offer support for the child? (Tick as appropriate) | Do you intend to extend the hours of existing staff member(s) to offer support for the child? (Tick as appropriate) |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How many hours will you employ the additional staff for? | Funding rate £9.50 per Hour |
| Please state total hours you wish to claim to cover additional staffing x funding rate Hours x funding rate = total claim amount £00.00 | Total of Funding Awarded (Official Use Only) £00.00 |

Parent Declaration

I am the parent/carer/legal guardian for the named child and I agree for my child to receive the out of school childcare service from the provider named above. I agree that Wigan Council can check any of the information provided on this form. I declare that the above details are true, and I understand that any false information may lead to funding being withdrawn.

Data Privacy

The Council holds personal data in accordance with the General Data Protection Regulations (GDPR), which can be viewed on the Council's website www.wigan.gov.uk. If you would like any guidance please contact GDPRQueries@wigan.gov.uk

Parent/Carer/Legal Guardian

Print Name _____

Signature _____ **Contact Tel Number** _____

Date _____

Childcare Setting Declaration

To be completed by Setting Manager/Childminder

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I confirm the information provided is accurate and true and I agree to inform the ELCC team of any changes to the child's attendance or hours at the childcare service.

Name of Setting Manager/Childminder _____

Signature _____

Date _____

Please return this form to:

ELCCDcatch@wigan.gov.uk