

Last updated:

January 2025

Children’s Services - Special Educational

Needs and Disabilities (SEND) Short Breaks

Grant application form for Short Break Family Fun

days and activities, benefitting children and

young people with Special Education Needs

and Disabilities (SEND) in East Sussex aged

0 to 19 years (in some cases up to 25 years)

and their families.

# East Sussex County Council (ESCC) SEND Family Fun Days and School Holidays Form for Organisations 25-26

**Organisation name:**

**Organisation address**

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| --- |
|                      |
|  |  Full postcode |    |    |    |    |  |    |    |    |

**Type of organisation:**

|  |  |
| --- | --- |
| [ ]  Company limited by guarantee[ ]  Company limited by shares[ ]  Community Interest Company (CIC)[ ]  Partnership[ ]  Local authority[ ]  Trust or foundation | [ ]  Community and Voluntary[ ]  Maintained school[ ]  Private school[ ]  Academy / Free school[ ]  Independent school[ ]  Other:  |

# Organisation Details:

**Are you a registered charity?** [ ]  Yes [ ]  No If yes, what is your charity number?

**Are you a registered company?** [ ]  Yes [ ]  No If yes, what is your company number?

**Are you registered with the Department for Education (DfE)?**

If so, what is your DfE number?

**How long has your organisation been operating?** (Please specify how many years)

**Do you have a bank account which requires at least two unrelated signatories to sign each cheque or authorise a withdrawal (including debit card or internet purchases and cash withdrawals).**

[ ]  Yes [ ]  No

**Who will be the main contact for this application?**

* For voluntary and community organisations this must be your chair, secretary, treasurer or a senior member of your governing body.
* For companies this must be a director or the company secretary.
* For organisations that are both a registered charity and a company, this must be a director or the company secretary.
* For schools this must be your head teacher.
* For parish and town councils this must be your clerk to the council.
* For health bodies this must be your chief executive or director.
* Other position of similar authority.

**Name:**

**Position:**

**Address:**

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| --- |
|                      |
|  |  Postcode |    |    |    |    |  |    |    |    |

**Landline telephone number (If Applicable):**

**Mobile telephone number (Required):**

**Email address (Required):**

**When making contact should we use the company address or the main contact address, if they are different?**

[ ]  Company Address [ ]  Main contact address

**Do you have any specific communication needs?** [ ]  Yes [ ]  No

**If so, please detail here:**

**What individual activity would you like us to fund?** (Please provide full details)

|  |  |
| --- | --- |
| Name of activities: |  |
| Date/s of proposed activity: |  |
| Time/s of proposed activity: |  |
| Cost of proposed activities (Please include a breakdown of the total amount): |  |
| Anticipated number of Children, Young People and family members: |  |
| Explanation of activities: |  |

If you are successful in obtaining the grant, we will list your activity on our 1Space online directory. This will be linked to our Short Breaks page on our Local Offer website.

To be able to provide potential service users with all necessary information, please fill in the information below:

|  |  |
| --- | --- |
| **Age range of those who can attend the provision/s:** |  |
| **Who is your provision/s aimed at?** |  |
| **Is your provision/s open to all those with SEND or is your provision need specific? For example, we only specialise in children with sight impairments.** |  |
| **Is the proposed venue/s wheelchair accessible?** | [ ]  Yes [ ]  No |
| **Contact details for those who are interested in the provision/s:** | Name:Phone Number: Email: |
| **Social Media Links:** | Website:Twitter: Facebook: Instagram: |

**Does your activity involve work with children, young people under the age of 18 or vulnerable adults?** [ ]  Yes [ ]  No

**If yes, as a minimum we expect you to:**

* have safeguarding policies in place that are appropriate to your organisation’s work and the project you are asking us to fund
* review your safeguarding policies at least every year
* complete a rigorous recruitment and selection process for staff and volunteers who work with children, young people or vulnerable adults, including checking criminal records and taking up references
* check criminal records at least every three years
* follow statutory or best practice guidance on appropriate ratios of staff or volunteers to children, young people or vulnerable adults
* provide child protection and health and safety training or guidance for staff and volunteers
* carry out a risk assessment, if appropriate
* secure extra insurance cover, if appropriate.

**Does your organisation meet these requirements?** [ ]  Yes [ ]  No

**Do you have any of the following?**

If yes, at what level?

**Public liability insurance:** [ ]  Yes [ ]  No

If yes, please detail:

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**Leaders’ qualifications:** [ ]  Yes [ ]  No

**Affiliation to a governing body:** [ ]  Yes [ ]  No

**Other insurance(s):** [ ]  Yes [ ]  No

# Data protection and freedom of information

We are committed to being as open as possible. This includes being clear about how we assess and make decisions on grants and how we will use your application form and other documents you give us. We are happy to provide you with copies of the information we hold about you, including our assessment of your application.

As a public organisation we must follow the Data Protection Act 1998 and the Freedom of Information Act 2000. We have a data protection policy, which is available from our website at

<http://www.eastsussex.gov.uk/yourcouncil/about/keydocuments/foi/dataprotection/>

We also have an information sheet about freedom of information.

<http://www.eastsussex.gov.uk/yourcouncil/about/keydocuments/foi/policies/>

You must read and understand these documents before you sign your application.

# By signing this application form, you agree to the following:

We will use this application form and the other information you give us, including any personal information, for the following purposes.

• To decide whether to give you a grant.

• To provide copies to other individuals or organisations that are helping us assess and monitor grants, including local authorities, fund distributors and other organisations that award grants. After we reach a decision, we may also tell them the outcome of your application and, if appropriate, why we did not offer you a grant.

• To hold in our database and use for statistical purposes.

• If we offer you a grant, we will publish information about you relating to the activity we have funded, including the amount of the grant and the activity it was for. This information may appear in our press releases, in our print and online publications, and in the publications or websites of the DfE and any partner organisations who have funded the activity with us.

• If we offer you a grant, you will support our work to campaign for excellence, contributing (if asked) to important publicity activities during the period we provide funding for. You will also give us, when asked, case studies, images, and audio-visual materials that we can use to celebrate such excellence.

**Organisations:**

I confirm that the organisation named on this application has given me the authority to sign this application on their behalf.

I confirm that the activity in the application falls within the powers of the organisation’s constitution or memorandum and articles of association (the legal document setting out the rules governing the organisation).

# Declaration:

You have read and understood the section on the Freedom of Information Act. You accept how we generally plan to treat your application and other related information if someone asks to see it under the Freedom of Information Act 2000.

You accept that the information sheet does not cover all cases, as we must consider each request for information based on the situation when we get the request.

[ ]  Tick this box if you consider that we should treat your proposal as confidential information.

[ ]  Tick this box if you consider that we should treat your financial information, such as your budget and any business plan, as confidential information.

[ ]  Tick this box if there is any other information that you have provided that you consider confidential information. You must tell us what that information is and give us your reasons below or in a separate letter. If you are sending us a separate letter, please write ‘Letter included’ below.

If we offer you a grant and you have ticked any of the boxes above, we generally treat that information as confidential until your activity ends (according to the date you gave us in this application).

[ ]  Tick this box if you consider that we should treat that information as confidential after your activity ends. You must tell us what that information is and give us your reasons below or in a separate letter. If you are sending us a separate letter, please write ‘Letter included’ below.

You agree that we can keep you informed of our work and pass your contact details to organisers of conferences and training events.

[ ]  Tick this box if you do not want us to keep you informed of our work.

[ ]  Tick this box if you do not want us to pass your contact details to organisers of conferences and training events.

[ ]  By signing this agreement, you are confirming that all staff and volunteers that will encounter children or vulnerable adults have a current DBS check at the enhanced level.

I confirm that, to the best of my knowledge, the information in this application is true and correct.

|  |
| --- |
|  Your signature: |

|  |  |
| --- | --- |
| Name (Please use capital letters): | Date: |

Once you have completed your form and it has been signed and dated, please scan your application, and send as a .pdf file to:

Short.Breaks@eastussex.gov.uk