LANCASHIRE VIRTUAL SCHOOL FOR CHILDREN LOOKED AFTER

Academic Year 2023-24

**CLA PUPIL PREMIUM GRANT – HIGH NEEDS FUNDING REQUEST**

Please provide a response to all questions to avoid delay with your request being considered/processed.

|  |  |  |  |
| --- | --- | --- | --- |
| School  Establishment |  | LCC School number / DfE Number |  |

|  |  |  |
| --- | --- | --- |
| Journal  Transfer | Cost Code:  (Objective Code) | Subjective  code: |

|  |  |
| --- | --- |
| Bank A/C | A/C Name: |
| Details | A/C Number: |
|  | Sort Code: |

**High Needs Funding Support**

|  |  |  |
| --- | --- | --- |
| Name of Child: |  | |
| UPN: |  | |
| Date of Birth: |  |
| Year Group: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SEN? | Yes |  | No |  |

If yes please tick which one of the following apply:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| K |  | SIA |  | EHCP |  |

If there is an EHCP please provide banding information below:

|  |  |
| --- | --- |
| EHCP Banding |  |

Please indicate below how many previous high needs funding requests have been made for this child this school year (please tick):

|  |  |
| --- | --- |
| This is the initial request |  |
| This is the second request\*\* |  |
| More than two previous requests have been made\*\* |  |

\*\* If this is not the first request for additional funding, please ensure that an impact form is completed for the previous allocation(s) and is sent alongside this request.

**Further funding will not be approved unless this form is received.**

*Please note that high needs funding requests are for one off or short-term interventions.*

For children with an EHCP – If you feel that more than two high needs funding requests are needed, please first consider whether it might be appropriate to request a review of the EHCP banding.

For children without an EHCP – If you feel that more than two high needs funding requests are needed, please first consider whether it might be appropriate to request statutory assessment.

**Has this need been discussed with your Virtual School Education Consultant?**

**Yes**

**No**

**Please state the views of the Virtual School Education Consultant**

**Please provide details of how the termly Pupil Premium Grant + has been/will be used.**

|  |
| --- |
|  |

**Reason(s) for additional funding request, including previous strategies, support and interventions used to meet the identified need(s)**

**Please provide detailed costings of your request?**

|  |  |
| --- | --- |
|  | |
| **Amount Requested (not including VAT)** |  |

**Please note High Needs Funding can only be applied for on a termly basis and within the financial year.**

I can confirm that the above cannot be met from schools budget or PPG

|  |  |  |  |
| --- | --- | --- | --- |
| Period from: |  | To: |  |

|  |  |
| --- | --- |
| Signed  (Headteacher) |  |
| Email |  |
| Date |  |

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| Approved for payment |  |

|  |  |
| --- | --- |
| Signed  (Virtual School HT) |  |
| Date |  |

Please return to [Virtualschool@lancashire.gov.uk](mailto:Virtualschool@lancashire.gov.uk) or upload via the schools portal.

**Please note this year's term dates are:**

Summer Term: 1st April – 31st August

Autumn Term: 1st September – 31st December

Spring Term: 1st January – 31st March