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| **Pupil Premium Plus Application Form – Additional Funding Request** A picture containing arrow  Description automatically generated |
| Name of Referrer: | Designation:  |
| Child’s Name: | LCS ID: |
| Carer/Keyworker:  |
| Placement Type**: (please ✓ as appropriate)** |
| LA Carer |  | Friends and Family (connected persons) |  | Adoptive Placement |  |
| Residential Placement |  | Placed with parent |  | Agency Carer |  |
| School: | National Curriculum Year: |
| Social Worker : | Fostering Supervising Social Worker / Keyworker: |
| What type of resource/activity is being applied for? **(please ✓ as appropriate)** |
| Tuition / Support |  | Therapeutic Intervention |  | Equipment & Resources  |  | Educational Visits |  |
| Activities & Clubs |  | Miscellaneous |  |  |  |  |  |
| Please give specific details of type of resource requested including arrangements, number of sessions, weeks, hours etc  |  |
| Cost – specific details please(Without this information the request can not be agreed) |  |
| Has this been agreed with the care team, if not part of the PEP? | Yes / No |
| How will it improve educational outcomes? |  |
| How has the Pupil Premium Plus been used in school?  |  |
| What activities does the child/young person regularly engage in? |  |
| **Completed applications should be returned to:** **PEPsANDPUPILPREMIUMREQUESTS@northtyneside.gov.uk** |

Please can the child’s social worker upload this form to the child’s record on LCS. Thank you.