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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**](mailto:PEPsANDPUPILPREMIUMREQUESTS@northtyneside.gov.uk) | | | | | | | | | | | | | |

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