**Application for Additional Pupil Premium Funding**

 **by the**

**Warwickshire Virtual School for Children Looked After**

Basic information

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| **Name of child looked after**  |  | **Date of birth** |  |
| **Date of application** |  | **Name of school/setting** |  |
| **Name of designated teacher** |  | **Contact details** |  |
| **Has previous additional funding from the Virtual School been allocated to this child**  | Y N |
| **If yes, what was this funding used for? When?** |  |

***In line with the conditions of grant the pupil premium should be used to close the gap in attainment between children looked after and their peers***

Supporting Information

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| **PP+ Allocation** |
| Total amount received for this CLA over the last 12 months | £ |
| How this funding has been used: |
| Intervention/support | Date/timescale | Cost | Intended outcome achievedY/N |
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|  |  |  |  |
| **Educational entitlement** |
| All support/ interventions making up the core offer for this CLA, including EHCP/Statement funding and support: |
| Intervention/support | Date/timescale | EHCP funding | Intended outcome achievedY/N |
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Additional Funding Information

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| **ePEP target linked to funding** |
| Target:  |
| Date target set |  |
| Intended achievement date |  |
| Review date (if different to above) |  |
| Is this target aimed at closing the attainment gap? |  Yes No*(please highlight)* |
| Exact amount of funding being applied for | £ |
| **How the funding will be used** *Provide specific details* |
|  |
| **Desired outcome** *Explain how this will affect the child looked after /the change you want to see* |
|  |
| **Observable changes** *Explain the impact/benefits*  |
|  |
| **Monitoring** *How and when monitoring take place* |
|  |

**Please send completed application forms via secure email to:**

Deena Moorey

Virtual School Head

deenamoorey@warwickshire.gov.uk

You will be informed of the outcome of this application within two weeks from the date received by the Virtual School.

**For use by the Virtual School**

|  |  |
| --- | --- |
| **Additional funding approved** | **Y N** |
| **If funding is not approved, detail reasons.** |  |