

**Learning Skills and Universal Service Application form and agreement 2012/13**  
**Funding for Qualifications (e.g. degrees; level 2 and 3)**

This form MUST be completed by the person in the setting with authority to make financial decisions (e.g. the Manager) as well as the person in the setting who wishes to study. Childminders may complete the form themselves.

Please note: Completing this form does NOT guarantee funding will be approved.

**1. Details of setting:**

**1. Name of setting (your name if you are a childminder):**.....

**2. OfSTED Reg N°:**.....**3. Address:** .....

**Postcode:**..... **4. Contact number:**.....**Email:**.....

**5. Name & job title of person authorised to sign this form on behalf of the setting:**

.....

**6.Type of setting:** Childminder  Private nursery  Voluntary nursery

Independent nursery  Independent School  Out of school club

Private preschool  Voluntary preschool  Children’s Centre (Council)

Children’s Centre (school/private/voluntary provider)  Other (please state):.....

**6. Does the setting operate for 4 or more hours a day, 5 days a week?** Yes:  No:

**8. Is the setting in receipt of Nursery Education Funding?** Yes:  No:

**9. What is the setting’s Ofsted rating?**.....**Date of last inspection:**.....

**10. Has the setting completed the Early Help Workforce Audit 2012?** Yes:  No:

Funding will not be provided to settings who have not completed their Audit.

**11. Does the setting operate a Training Policy or Professional Development Scheme?**

Yes:  Please attach a copy. No:

**Section 2: Qualification details:**

**12.** Please complete this section with the person intending to study:

First name:		Surname:	
Job Title:			

Qualification Title:		Level:	
Training provider (e.g. name of college):			
Start date of course:		Completion date of course:	

Course fee for 2012/13:	£	If fees have already been part-funded, please provide details:	
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**13. Applications for degrees and foundation degrees** (please only complete this section if this application is for course fees for a degree; if it is for any other qualification, please go to Section 2):

Do you employ any **OTHER** members of staff with graduate qualifications and/or EYPS, or who are working towards graduate qualifications and/or EYPS? Yes:  No:

If 'Yes', please provide the following information about them:

Name:	Job Title:	Qualification/s Held (e.g. BA Hons Childhood Studies, EYPS):	Date achieved/will achieve EYPS:

**Section 3: Agreement to comply with Learning Skills and Universal Service's learning and development policy:**

The person with authority to make financial decisions on behalf of the setting (e.g. the manager), should read the policy (available at [www.leedfamilyhub.org.uk](http://www.leedfamilyhub.org.uk), or call 0113 39 50496) and sign the statement below:

I have read, I understand and I agree to comply with the policy referred to above. I confirm the setting will make any required repayments as per the policy. I confirm I have discussed this qualification with the person studying and how it will benefit their practice. I confirm I will use this funding only for the purposes described above.

Name:..... Signature:..... Date:.....

**Before returning this application form, please ensure you have enclosed a copy of the setting's training policy, and have undertaken the Workforce Audit 2011.**

**Please return this form to:** Leeds City Council Early Help Service, Workforce Development Team, 110 Merrion Centre, Merrion House, 9<sup>th</sup> Floor East, Leeds, LS2 8DT

You may wish to check safe arrival of your form by telephoning us on 0113 3950909. We recommend you keep copies of significant forms.

**For office use only:**

1) Formerly received degree course fees? Yes:  No:  2) Highest 30% SOA? Yes:  No:   
 3) Audit received? Yes:  No:

**Authorised signatory Leeds City Council:**

Name:..... Signature: ..... Date: ..... **Funding Awarded: £.....**