

# Blaenau Gwent County Borough Council & Early Years Development Childcare & Play Partnership

## Parent & Toddler & Cylchoedd Ti a Fi Start Up Grant Application Form 2016-2017

### 1. Business Details

- Name of Setting.....
- Address of Premises .....
- Name of Contact Person .....
- Address of Contact Person .....
- .....Post Code.....
- Telephone Number.....Mobile.....
- Email.....
- Address to which correspondence should be sent (if different).....
- .....
- Position in the Setting.....
- When was the business established? Month..... Year.....

### 2. What type of Setting do you operate? (please tick)

Parent & Toddler	<input type="checkbox"/>
Cylch Ti a Fi	<input type="checkbox"/>

### 3. Is your provision: (please tick)

Registered Charity	<input type="checkbox"/>	If yes (please enter registration number)	<input type="text"/>
Private Business	<input type="checkbox"/>	Charitable/Community Organisation	<input type="text"/>

#### 4. Quality Improvement Scheme

- Have you undertaken the Blaenau Gwent Quality Improvement Scheme appropriate for Parent & Toddler & Ti a Fi settings? Yes/No  
If Yes what was your award? .....
- If no are you willing to undertake the Quality Improvement Scheme? Yes/No

#### 5. Days & time of sessions e.g. 10am – 12 noon, 2pm – 4pm etc.

	MON	TUES	WED	THUR	FRI	SAT	SUN
AM							
PM							

6. How much do you charge per session? .....

7. How many children attend your provision on a weekly basis? .....

8. Total amount you are applying for £..... (this must be no more than £100)

9. Items you are applying for – (items listed below should support the need for starting up a new Parent and Toddler / Cylchoedd Ti a Fi)

Expenditure Item	Amount £'s
<b>Total</b>	<b>£</b>

**10. Financial Details** (this is the account the Grant will be paid into if successful)

- Please provide 3 months business bank statements. **Please note that your application cannot be processed without this information.**
- Account Name .....
- Bank/Building Society Name .....
- Bank/Building Society Address .....
- Sortcode.....Account Number .....
- Building Society Roll Number (if applicable) .....

**11. Tell us how this Start Up Grant will support your provision.**

## 12. Applicant Declaration:

**To the best of my knowledge, the information given is a true and accurate account of my/our organisation's setting's needs. I/we confirm that this grant will only be used for the purpose outlined in this application and understand that failure to do so will result in the grant being repaid.**

**Signed:**

**Dated:**

## 13. Checklist:

- Have you completed all the questions on the application form?
- Have you registered with the Family Information Service?
- Have you enclosed a copy of your service aims & objectives/statement of purpose?
- Have you enclosed 3 months bank statements?

If you require any help in completing this application form or want further information, please contact **Kara Kershaw, Child Care Business Development Officer, Early Years & Childcare Team, Integrated Services Team, Heart of the Valleys Integrated Centre, High Street, Blaina NP13 3BN.**

**Closing Date for receipt of applications is 31<sup>st</sup> January 2017**