

# Education Support Fund Policy

## Overview

The St. Ralph Sherwin Catholic Multi Academy Trust ("the Trust") holds charitable Funds which have unrestricted use within the scope of its stated charitable objectives. Foundation Directors are entitled to hold a part of these Funds as Designated Funds, allocated for a particular purpose. The Foundation Directors have set aside, out of unrestricted funds, a Designated Fund which shall be known as the *Education Support Fund*.

## Scope of this Policy

The Trust acknowledges the difficulties faced by many of the families we serve, particularly with the effects of the Coronavirus in 2020 on the community. The Education Support Fund is to provide financial assistance for students who might otherwise miss out on important aspects of their education and is intended to support those most in need.

## Objective

The Education Support Fund is a discretionary source of financial help available to all registered full time Academy Students. The aim of this Fund is to help students who are experiencing difficulty through hardship in paying for:

- Curriculum trips, visits and Residential Courses
- Uniform, shoes or sports kit
- Other materials or equipment required for academic studies
- Attendance at Seminars, interviews or work experience placements
- Emergency travel expenses

Consideration will also be given to relieving hardship during recognised Academy holidays by providing access to one free school meal each day for the students concerned.

## Monitoring

This Policy will be reviewed annually and also following any change to relevant legislation. The policy is subject always to the financial position of the Trust.





#### Ownership

This policy is owned by the Trust Board and is applicable to all of the individual Academies within the Trust.

#### Risk

Policies and procedures implemented by the Trust are present to control our organisation's exposure to risks in line with the Trust's Risk Policy, together with those identified within the Risk Register. All staff and those in Governance roles are expected to be aware of this and all policies of the Trust; together with the procedures in place including any updates issued from time to time. Queries in respect of this and other policies or procedures should be directed to the Trust's Governance Manager who will ensure that adequate training and guidance is provided.

#### **Policy Statement**

This policy sets out the basis upon which applications for Education Support funding may be made. Individual Academies will consider requests for Education Support funding from the following groups of students:

- Students living alone outside the family home
- Students in receipt of free school meals
- Students in families with very low incomes
- Students with disabilities
- Students who are, or have been, in care or foster care
- Students who are, or have been, subject to other exceptional circumstances

Payments from the fund are at the sole discretion of the individual Headteacher. There is no appeal mechanism, and there is no requirement to repay any grant once it has been formally awarded. Fraudulent applications may lead to prosecution.

#### Funding

Initial funding of £30,000 has been set aside to provide for applications arising in what remains of the year ending 31 August 2021. Annual funding thereafter will depend on the state of the financial affairs of the Trust and will be reviewed at the sole discretion of the Trust's Financial Director. Funding will be reviewed at the start of each financial year.

## Eligibility to Apply for Funding Grants

Students may be eligible for grants from the Trust's Education Support Fund if:

- The income of their household is less than £25,000 per Annum
- Their parents are currently claiming other means- tested benefits including Income Support. Working Tax Credit/ Child Tax Credit/Income Based Employment and Support Allowance/ Universal Credit...provided the student is not entitled to Free School Meals.





• At the sole discretion of the Headteacher- any student who does not fall under the categories above but considers themselves to be in a state of financial hardship.

Proof of benefit is required in letter form and must:

- Show the family address given
- Be included with the grant application
- Have been issued within the last 6 months before award of grant

Where applicable please enclose a copy of the Full Tax Credit Award Notice. Please note that bank statements, incapacity, housing and Council Tax Benefit receipts are not considered to be valid proof. Letters of Proof of Benefits can be obtained from:

- HMR&C Child Benefit Office 0300 200 3100
- HMR&C Tax Credit Office 0345 300 3900
- Jobcentre Plus
- Jobseekers, Income Support, Employment & Support Allowance Office (ESA) 0800 169 0310
- Universal Credit Office 0800 328 9344
- Asylum Help UK 0808 8000 630

## **Application Process**

Applications should be made through the Headteacher of the pupil's individual Academy using the form attached to the Appendix of this policy. All applications will be treated as confidential, and having regard to the Headteacher's knowledge of the student's circumstances. Provided the application is authorised by the Headteacher, it will be passed to the Trust Financial Team in order to verify and process the transaction. Individual students may apply for Education Support at any time during the academic year and may possibly apply more than once, usually where individual circumstances have not changed.

## Payment of Education Support Grants

Once approved, payment will be by one of the following methods

- For emergency travel expenses payment will be made in cash.
- For Free School Meals payment will be by voucher to be exchanged.
- All other payments Orders should be raised and approved on the system; payment will be made through the Trust's normal system, direct to the supplier concerned, following receipt of an appropriate invoice.

## Reporting

Every application will be reported by Headteachers to the Finance team, with a note as to whether there is approval or not. The Finance team will record all formal awards under the scheme. A summary of all awards, duly analysed, will be presented by the Finance Director to the Trust Board at its regular formal meetings.

#### END



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# Application for Education Support Grant

## Your Details

Please complete in capital letters

| Title:                                       | Miss, Ms, Mrs, Mr or Other |
|--|----------------------------|
| Surname or Family Name:                      |                            |
| First Name <i>(parent/carer)</i> :           |                            |
| Partner's Surname <i>(if applicable):</i>    |                            |
| Partner's First Name <i>(if applicable):</i> |                            |
| Home Address:                                |                            |
|  |                            |
|  |                            |
|  |                            |
| Postcode:                                    |                            |
| Telephone:                                   |                            |
| Email address:                               |                            |

# Child(ren) you wish to claim for

| Name of child | Form Group<br>and Year | Date of Birth | Gender<br>(M or F) |
|---------------|------------------------|---------------|--------------------|
|               |                        |               |                    |
|               |                        |               |                    |
|               |                        |               |                    |

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#### **Clothing Application**

Items of clothing needed. Please provide sizes for items along with relevant costs. If you need the same item of clothing for more than one child, please complete another copy of this page.

| Name of child | Tutor Group | Date of Birth | Gender (M or F) |
|---------------|-------------|---------------|-----------------|
|               |             |               |                 |

| Item           | Tick box       |                | Size     | Quantity             | Office            | Use Only           |
|----------------|----------------|----------------|----------|----------------------|-------------------|--------------------|
| Description    | if<br>Required |                | Required | Quantity<br>Required | Cost<br>Each<br>£ | Total<br>Cost<br>£ |
| Blazer         |                | Chest:         |          |                      |                   |                    |
| Tie            |                | Length:        |          |                      |                   |                    |
| Skirt          |                | Waist:         |          |                      |                   |                    |
| Trousers       |                | Waist:<br>leg: |          |                      |                   |                    |
| Jumper         |                | Chest:         |          |                      |                   |                    |
| PE polo shirt  |                | Chest:         |          |                      |                   |                    |
| PE rugby shirt |                | Chest:         |          |                      |                   |                    |
| PE shorts      |                | Waist:         |          |                      |                   |                    |
| Other:         |                |                |          |                      |                   |                    |

# TOTAL CLOTHING CLAIM

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£



# School Trip Support Application

If you need to claim for more than one child or trip, please complete another copy of this page.

| Name of child | Tutor Group | Date of Birth | Gender<br>(M or F) |
|---------------|-------------|---------------|--------------------|
|               |             |               |                    |

| Name of trip                       |   |
|------------------------------------|---|
| Dates of trip                      |   |
| Total cost of trip                 | £ |
| Amount paid to date                | £ |
| Amount outstanding                 | £ |
| Amount of support requested        | £ |
| Reason why you are seeking support |   |

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# Application to cover other costs

If you need to claim for more than one child, please complete another copy of this page.

| Name of child | Tutor Group | Date of Birth | Gender<br>(M or F) |
|---------------|-------------|---------------|--------------------|
|               |             |               |                    |

| Item applied for                   |   |
|------------------------------------|---|
| Dates funds required               |   |
| Total cost                         | £ |
| Amount paid to date                | £ |
| Amount outstanding                 | £ |
| Amount of support requested        | £ |
| Reason why you are seeking support |   |

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#### Declaration

I certify that the information provided here is true. I understand that a false declaration will result in the refusal of this application.

Parent or Carer's signature:

| Date: |  |  |
|-------|--|--|
|       |  |  |

Please complete and return this form with the necessary supporting documentation to: *Insert the Headteacher's name, email and Academy address* To the Headteacher's PA or Administrator For enquiries call – *Insert Academy's number* 

| Office use only                               |              |                       |  |
|---|--------------|-----------------------|--|
| Date Received:                                |              |                       |  |
| Received by:                                  |              |                       |  |
| Total Cost of Claim                           | £            |                       |  |
| Approved?                                     | YES/NO       | (delete as necessary) |  |
| Approval Date:                                |              |                       |  |
| Approved by (signature of Headteacher):       |              |                       |  |
| Approved by (print name):                     |              |                       |  |
| Sign & Date:                                  |              |                       |  |
| Outcome of application confirmed to applicant | By<br>(name) | On<br>(date)          |  |
| Finance Manager:                              |              |                       |  |
| Sign & Date:                                  |              |                       |  |

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