**APPLICATION FOR ELECTIVE HOME EDUCATION (EHE) FUNDING**

**2020/2021**

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| **A – Parent / Carer details - ALL Fields MUST be Completed** |
| Surname of Parent / Carer………………………………… Forename……………………..……Title………………...Address………………………………………………………………………….…………… Post Code…………………..Telephone Number………………………………….Email address ………………………………………….................Date of Birth of Parent / Carer ……………………..………………………………………………………………………National Insurance No of Parent / Carer………………………………… or NASS No………………………………… |
| **B – Give details of home educated pupil** |
|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** |
| Full Name: |  |  |  |  |
| Date of Birth: |  |  |  |  |
| Relationship to the child: |  |  |  |  |
| Is the child living with you: |  |  |  |  |
| **DECLARATION** |
| I certify that the information given on this form is correct**. I will notify the Local Authority immediately of any change in my circumstances**. I also give consent to any investigations being made in relation to the information given. I agree that you will use the information I have provided to process my claim for an EHE Grant and will contact the relevant agencies as allowed by law to verify my initial and **ongoing** entitlement.**Signature**:……………………………………………………………………… **Date**:……………………………………. |

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**Eligibility**

Home educating families are eligible to apply for this grant.

It is recognised that a home educating family will incur additional costs when providing the resources and opportunities that are typically available for free in school. The Welsh Government has made funding available to assist home educating families with the costs of, for example:

* GCSEs or alternative qualifications;
* Welsh language courses for the family;
* learning resources such as textbooks and materials;
* educational trips;
* learning software; and
* facilities to use for group activities.

**You will need to provide your bank details in order for payment to be made directly into your bank account.**

**PLEASE ENTER YOUR BANK DETAILS BELOW:**

Please note that we are unable to accept Post Office accounts.

**Name of Bank/Building Society** **Bank/Building Society Account Number**

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**Name(s) of Account Holder(s)** **Branch Sort Code**

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I Authorise Newport City Council to make all payments to me via the BACS system

|  |  |
| --- | --- |
| **Signature of Account Holder** | **Date**  |

**Please return this form**:

Email: Education.business@newport.gov.uk

**This document is available in Welsh / Mae’r ddogfen hon ar gael yn Gymraeg**