This form should be used by all Mainstream School Sixth Forms for all learners requiring over £6,000 of support. **The form must reflect all additional costs, not just those above £6,000.**

Part 1: Learner Details

|  |  |
| --- | --- |
| **Provider Name (please print)** |       |
| **Name of Learner:** |       |
| **Learner Date of Birth:** |       |
| **Learning Programme / Core Aim & Level** |       |
| **Start date of programme:** |      /     /      |
| **Start date of support if different to above:** |      /     /      |
| **Planned end date of programme:** |      /     /      |
| **Anticipated end date of support, if earlier:** |      /     /      |
| **Number of days per week on programme:** |  |
| **Does the learner have an EHCP?*****If yes please provide a copy/attach to the claim form)*** | **YES**  |  |  | **NO**  |  |  |
| **Name of provider’s staff undertaking assessment:** |  |  |
| **Please describe how the students’ needs were assessed:** |
|  |  |

**Please complete table overleaf and then enter total cost in box below:**

|  |  |
| --- | --- |
| **Total Support Costs:** | **£**  |

I understand that the Local Authority or ESFA may require additional evidence to support the above statement and the actual costs of delivery, and any inaccuracy in the statement may result in recovery of funding and civil and / or criminal proceedings. I understand and accept that the Local Authority or ESFA may audit this and may share this information with other government bodies for the purposes of auditing, preventing and detecting fraud.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Name: *(please print)*** |       |
| **Position:** |  | **Date:** | **/****/** |

Part 2: Learner Support Needs identified and costed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Cost/ hour (£)** | **Hours/ week**  | **Weeks/ year**  | **Cost/ year** **Total (£)** |
| **1. Pre-entry** |  |  |  |  |
| Home/school/college visits |       |       |       |       |
| **2. At entry - Initial assessment** |  |  |  |  |
| General |       |       |       |       |
| Subject specific |       |       |       |       |
| **3. On-programme support** |  |  |  |  |
| Additional teaching |       |       |       |       |
| Other support |       |       |       |       |
| Reviews |       |       |       |       |
| Progression planning / activities |       |       |       |       |
| **4. Depreciation charge for equipment** |  |  |  |  |
| Equipment -       |       |       |       |       |
| Equipment -       |       |       |       |       |
| **5. Assessment of achievement** |  |  |  |  |
| Exam costs |       |       |       |       |
| **6. Other (*please specify*)** |  |  |  |  |
|       |       |       |       |       |
| **Total costs** |       |       |       |       |

**Providers will be expected to keep this information up to date throughout the funding year and retain copies of invoices/receipts for audit purposes.**