

**PUPIL DEVELOPMENT GRANT FOR LOOKED AFTER AND FORMER LOOKED AFTER LEARNERS (3-15) 2019-20 APPLICATION FORM:**

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| --- | --- |
| Local Authority Area |  |
| Cluster Schools |  |
| Main Contact Details |  |
| Date of Application  |  |
| Total Grant request |  |

|  |
| --- |
| 1. Overview – Please provide a brief overview of the project /intervention you are proposing:
 |
| 1. Outcomes & Impact – How are you planning to improve educational outcomes for learners and measure impact?
 |
| 1. Activity - Using the following 4 options to indicate the type of funding requested:
 |
|  | 1:1 bespoke learner support and provision |  |
|  | Professional Development and training |  |
|  | Resources |  |
|  | Remuneration and Release of Staff |  |
| 1. Sustainability– please indicate how this intervention can be developed and sustained beyond the life of the grant:
 |
| 1. Evaluation and Monitoring plan – please indicate how you propose to evaluate and measure the impact of your application:

|  |  |
| --- | --- |
| Regional One Page Evaluation | Required for all cluster bids (attached) |
| Regional One Page Individual tracking sheet example (attached) |  |
| Case Study  |  |
| Other (please state) |  |

 |
| 1. Any further relevant information:
 |

Signature: Date:

**Approval by Senior Leader:**

Signature: Date:



**All grant applications to be sent directly to:**

CeisiadauGDD@gwegogledd.cymru

PDGapplications@gwegogledd.cymru

Regional Contact Details:

|  |  |
| --- | --- |
| Establishment | Contact |
| GwE – Kathryn Packer Regional Lead Coordinator for Looked After Children  |  kathrynpacker@gwegogledd.cymru |
| Gwynedd LA – Gwern Ap Rhisiart |  GwernApRhisiart@gwynedd.llyw.cymru |
| Ynys Mon LA – Heulwen Owen | HeulwenOwen@ynysmon.gov.uk |
| Conwy LA – Hannah Morris  | Hannah.morris1@conwy.gov.uk  |
| Denbighshire -LA – Kathryn Packer | kathryn.packer@denbighshire.gov.uk |
| Flintshire LA – Lisa Davies | Lisa.j.davies@flintshire.gov.uk |
| Wrexham LA – Chris Moore | Chris.Moore@wrexham.gov.uk |

**Internal use only:**

|  |  |
| --- | --- |
| Date of Regional/LA Quality Assurance Group |  |
| Application approved / further information required / declined |  |
| Date of feedback to link person  |  |
| Total Number of LAC in each Cluster / School |  |
| Level of evaluation and Impact required |  |
| Total grant allocated |  |