



Early Help Short Breaks application form

Return forms to earlyhelpshortbreaks@york.gov.uk or by post to Early Help Short Breaks, The Beehive, 22 Ascot Way, YO24 4QZ

Please tick <input checked="" type="checkbox"/>	Is this a:	<input type="checkbox"/> New application	<input type="checkbox"/> Repeat application
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Child or young person's details			
Forename (s)			
Surname (s)			
Date of birth		Age:	
Gender			
Address			
	Post code:		
School setting			
First language:		Optional: Ethnicity and religion	

Parent/carer details			
Full name			
Email address			
Contact phone number			
Bank details *if grant awarded:	Account holder:	Account number:	Sort Code:

Does the child or young person have a diagnosis? Yes If no and on a diagnosis pathway tick here:

Diagnosis	Date of diagnosis	Diagnosis made by:

How does this affect the child and what are their individual needs?

Does the child or young person have an Education, Health and Care Plan (EHCP) or MSP?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> In process of applying

Is the child or young person in receipt of DLA/PIP care component? <input type="checkbox"/> Low <input type="checkbox"/> Middle <input type="checkbox"/> High	In receipt of DLA/PIP mobility component? <input type="checkbox"/> Low <input type="checkbox"/> High	Application for DLA/PIP in progress? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you claim Carer's Allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you claim any other benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other benefits claimed:

Does the child or young person currently access any groups or activities?
Please indicate the type of setting, club or activity that the child or young person would like to access with the Early Help Short Breaks grant funding:
Does the child or young person require any additional support to access community activities? Eg: tube feeding/epi-pen/etc

Consent

All data held is in line with CYC's Data Policy Privacy Notice <https://www.york.gov.uk/privacy>

All parents with disabled children have a right to request at any point a more detailed social work assessment of their child's needs. The Child Health and Disability team may also at any point decide that a more detailed social work assessment is required in order to understand and meet the child and family's needs.

To process your application, please include a copy of:

- EHCP or MSP Front page of DLA Award letter Evidence of diagnosis

- I understand that, if awarded the Early Help Short Breaks grant funding for my child/young person, it is my responsibility to ensure it gets used only for the assessed need to benefit the child/young person named in this application.
- I understand that Early Help Short Breaks funding is time-limited and I will need to reapply for further support.
- Please check the box if you consent to your email address being shared with the York Parent Carer Forum and registering for their newsletter.
- Please check the box if you consent to your email address being added to the Family Information Service newsletter.

Parent/Carer name:
Parent/Carer signature:
Date:
OFFICE USE ONLY Date application received: