

Access2Activities	School Attended: _____	SCHOOL ACCESS CODE: _____
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Childs Surname: _____	First name: _____	D.O.B: _____
Address: _____		
Parent/Carer Name: _____	Contact phone no: _____	

CHILD/YP ELIGIBILITY CODE:

EC

ACTIVITY REQUESTED

Activity: _____

Venue: _____

Date From: _____ To: _____	TOTAL NO. OF HOURS SPENT ON ACTIVITY
Time From: _____ To: _____	

DETAILS OF THE ACTIVITY PROVIDER

Provider Name: _____

Contact Name: _____ Provider Phone Number: _____

Cost per session: £ _____ Per Block of sessions/Term £ _____

Other costs - Please list in box below:
eg: Transport costs
Joining fees
Instrument hire
Uniform

Total spend: £ _____

PARENT/CARER SATISFIED WITH PROVIDER SAFEGUARDING ARRANGEMENTS

ACTIVITY BOOKED WITH PROVIDER & COPY FORM SENT

COPY FORM SENT TO EXTENDED SERVICES

Parents/Carers together with their child/YP will select activity provider(s) and it is their responsibility to ensure that the provider they select is competent, qualified and safe to work with children and young people and to satisfy themselves as to the suitability of the activity/provider for their child. We have asked providers who are involved in Access2Activities to complete a registration form and sign a letter of understanding confirming they are aware that when a child/young person is booked onto their activity using the Access2Activities grant they will invoice Bournemouth Borough Council direct for payment.

Agreement

Signed Parent / Carer: _____	Signed School/Practitioner: _____ Or ES Coordinator Please Date: _____
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For School /practitioner use only Please circle if appropriate

Pre CAF	CAF	School Action	School Action +	Is a CAF required?	Check action plan
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