**Kent Holiday Activities and Food Programme (HAF)**

**Application Form – Summer 2021**

**Contact details:**

Name of company/organisation/charity/setting/school: ………………………………………………………………………………………………

Ofsted Registration number: (if applicable) ……………………………………………

Contact name and telephone number for link person: ………………………………………………………………………………………………

Work email address: ………………………………………………………………………

Address and postcode of where you plan to deliver the provision:

**Site 1**: ………………………………………………………………………………………

……………………………………………………………………………………………….

No. of places: ………………………. Age Range: ………………

**Site 2:** ……………………………………………………………………………………….

……………………………………………………………………………………………….

No. of places: ……………………… Age Range: ………………………

**Site 3**: …………………………………………………………………………………………

………………………………………………………………………………………………..

No. of Places: ……………………... Age Range: …………………………

**Details of planned provision:**

Dates that you plan to provide HAF Programme over the summer:

…………………………………………………………………………………………………..

The aim of HAF Programme is to offer eligible children and young people access to 4 weeks holiday provision. If you are unable to offer the full 4 weeks yourself, please indicate one of the following:

1. Details of other organisations you can signpost families for access to 4 weeks holiday provision
2. If you do not have links with other organisations, we can work with you to signpost families to other HAF Programmes

………………………………………………………………………………………………………………………………………………………………………………………………………………..

What time(s) will your programme run?

…………………………………………………………………………………………………..

How many funded places do you plan to provide overall for 4 hours a day, 4 days a week for children eligible for benefits related free school meals (FSM) aged:

4-11 years ………...

11-16 years ………

What systems do you have in place to check the eligibility of the children attending?

………………………………………………………………………………………………..

………………………………………………………………………………………………..

What plans have you put in place to support children with additional needs/SEND?

………………………………………………………………………………………………...

…………………………………………………………………………………………………

Briefly detail your plans to include families in your programme, for example, provision of information on nutrition and healthy lifestyles:

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…………………………………………………………………………………………………

Briefly detail the activities that you plan to provide:

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

Briefly detail your proposed provision for hot food and/or healthy well-balanced meals and how that will be delivered:

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

**Documentation and Requirements:**

Do you have a safeguarding and child protection policy? Yes/No

Is your safeguarding policy in line with Kent policies and procedures? Yes/No

Do you have a health and safety policy? Yes/No

Have you got a COVID-19 risk assessment in place? Yes/No

Do you have appropriate insurance for your provision? Yes/No

Do you have a policy and procedure in relation to equality and inclusion? Yes/No

Do you meet all the legal requirements for providing food Yes/No

Evidence of the above documents to be returned with a completed application

**Training:**

Do you have a trained designated safeguarding lead? Yes/No

Do your staff have safeguarding training in line with your policy? Yes/No

Are your staff trained in food safety? Yes/No

Are you familiar with the requirements of the School Food Standards? Yes/No

Do you have at least one member of staff trained in first aid? Yes/No

Please detail any further training that you require:

……………………………………………………………………………………………….

I confirm that I am willing to support the monitoring and evaluation process of the programme. This will include monitoring the delivery of specific elements of the HAF Programme, provision of data on attendance from eligible children/young people and compliance with safeguarding and other legal duties:

I consent to my details being shared with eligible families and other HAF Programme partners as appropriate

Name: (Please print) ……………………………………………………………………….

Date: ………………………………….

Signed: ……………………………………………………………………………………….

The information we collect on this form will be used solely for the purpose of administering and evaluating the Holiday Activities and Food Programme and will not be used for any other purposes.