**LANCASHIRE VIRTUAL SCHOOL FOR CHILDREN LOOKED AFTER**

# Personal Education Plan Support Allowance (PEPSA)

**(updated April 2020)**

To be completed by the child/young person's Social Worker and/or Personal Advisor. Please note this request form should not be completed by the education setting.

Requests for funding must relate to the **current** financial year and approval must be **sought prior to expenditure being incurred**. **Extra-curricular activities must be applied for on a termly basis and be reflected in the PEP.**

Impact statements must be submitted prior release of any further funding.

**Retrospective requests will only be considered in exceptional circumstances with appropriate supporting information.**

We expect where an application for funding is made this will be scrutinised and evaluated before submission. Due to limited funding the maximum amount that can be requested is £400 in any one financial year but this will be evaluated on a case by case basis. **PEPSA funding is not an entitlement and can only be applied for where there is a need.**

**PLEASE NOTE** – **Laptops and ICT** requests for KS4 and older are on a separate requests as from 2020.

Please submit completed application forms by email to: [virtualschool@lancashire.gov.uk](mailto:virtualschool@lancashire.gov.uk%20)

I can confirm I have read the above guidance before completing this form.

|  |  |
| --- | --- |
| LCS Case No. |  |
| Name of child/young person |  |
| Date of Birth |  |
| Name of Social Worker/Personal Advisor |  |
| Contact Email |  |
| CSC Team District |  |

Is this request for;

A pupil from Reception to Year 11 ­­­­\_\_\_\_

A young person Year 12 upwards (16-25 years old) \_\_\_\_

|  |  |
| --- | --- |
| PEP/Pathway Plan Meeting Date |  |
| PEP/Pathway Plan Review Due Date |  |
| CLA Review Due Date |  |

For school aged pupils;

|  |  |
| --- | --- |
| School Year Group |  |
| School/PRU/Other Provider |  |
| Name of Designated Teacher |  |
| Designated Teacher contact Email |  |
| UPN |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Start date** of funding request |  | **End date** of funding request |  |

What is the PEPSA request for (e.g. tuition, extra-curricular activities etc.)?

*For activities the time period the request is for is required, this needs to be on a* ***termly*** *basis (summer term 1 April to 31 August, Autumn term 1 September to 31 December & Spring term 1 January to 31 March)* ***Please*** *be aware there will be a cut- off date for Spring term submissions in February in line with end of year accounts closure. This changes year on year.*

How much will this request cost / amount of funding requested?

Why and how will this benefit the CLA? *Please note this should be recorded in the PEP or Pathway plan*

Date this information is included in the PEP/Pathway plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why and how will this benefit the CLA?

How much will this request cost / amount of funding requested?

Time period for the funding requested, start & end date

……………………………………………………………………………………………..

How and when will the impact of the PEPSA funding be reviewed? *Impact statement must be completed and returned to Virtual School mailbox (*[*virtualschool@lancashire.gov.uk*](mailto:virtualschool@lancashire.gov.uk)*)*

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| --- |
| **Payment method via LCC procurement or to a In-House Foster Carer, Agency Foster Carer or Agency Residential.**  LCC procurement system: details of the supplier must to be provided and then a purchase order will be raised. The supplier will then submit an invoice  Supplier Name:  Supplier address:  LCC supplier number if known: |

|  |  |
| --- | --- |
| **Bank Details of Payee (In-House Foster Carer, Agency Foster Carer or Agency Residential)** | |
| Payee Name: |  |
| Account Name: |  |
| Address of payee including post code: |  |
| Sort Code: |  |
| Account Number: |  |
| Telephone Number: |  |
| Email Address: |  |

|  |  |  |
| --- | --- | --- |
| **Signatures:** |  | **Date:** |
| Child/Young Person |  |  |
| Social Worker/Personal Adviser |  |  |
| CSC Team Manager (if applicable) |  |  |

**Return completed application form by email to:** [virtualschool@lancashire.gov.uk](mailto:virtualschool@lancashire.gov.uk)

**Please note if the request is not being submitted by the social worker using a @lancashire.gov.uk email account then it must be sent in a secure format.**

FOR ADMINISTRATION USE ONLY

|  |  |
| --- | --- |
| Approved – Yes / No |  |
| Amount approved | £ |
| Date |  |
| Virtual School Consultant Initials |  |