**Loft Conversion and Additional Bedroom Grant Application Form**

This application provides an overview of the reasons for the funding application, how the applicant(s) meet the criteria and plans for the proposed work to be carried out. The proposal is to demonstrate if the placement falls within one of the priority groups.

Application to be completed by the Fostering Supervising Social Worker and emailed to the Fostering Support & Development Team Manager for approval. Following this, application to be emailed to the Service Manager who will decide whether the application is suitable to be presented to the Loft Conversion and Additional Bedroom grant Panel as part of the selection process and final approval.

Under the Fostering Regulations, foster carers can only foster up to three children, therefore, applications can only be accepted from carers that have two placements whom can be considered for a third placement via this scheme (sibling exception rules can be applied).

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| **Personal details of the fostering household applying for funding** |
| First name(s): |  |
| Surname(s): |  |
| Address: |  |
| Owner Occupier: | Yes/No |
| Number of Bedrooms: |  |
| Who lives in the property? | Children’s Names, ages, and relationship to carer(s). Include any other adults living in the household. |

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| **Fostering Approval Details** |
| Date of initial fostering approval: |
| Category and number of placements approved for: |
| Number of Looked After Children currently placed: |
| Number of existing bedrooms at the property: |

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| **State if the applicant(s) meet the Eligibility Criteria below**  |
| Is the foster carer(s) an owner-occupier and have consents been obtained from all Title Holders to apply for the grant? | Yes/No |
| Does the foster carer(s) have at least 1-year post approval experience caring for an Enfield Looked After Child/Young Person and had a recent positive annual review?  | Yes/No |
| Have there been any safeguarding or standard of care issues within the last two years? | Yes/No |
| Is the foster carer(s) willing to remain as an approved carer for Enfield, for a minimum of 5 years, from the start date of the additional placement made possible by the grant? | Yes/No |
| Is the foster carer(s) willing to be consistently available to accept and provide an additional ongoing placement, for at least 5 years, from the start date of the additional placement made possible by the grant? | Yes/No |

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| **Reason for funding Request (state whether the funding is for a loft conversion or an extension to the property to provide an addition bedroom)** |
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| **Which priority Tiers do the applicants sit within?** |
| **Tier 1**Foster carers who can offer placements to:* Sibling groups
* Children over the age of 11
* Children/young people with challenging behaviours
* Children/young people with additional needs (i.e. disabilities, chronic medical needs, severe learning difficulties)
 | Yes/NoYes/NoYes/NoYes/No |
| **Tier 2*** Foster carers who can offer placements to children in the 5-9 age band
 | Yes/No |
| **Tier 3*** Foster carers who can offer placements to children in the 0-5 age band
 | Yes/No |

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| **Important Considerations** |
| Has the carer(s) read the Policy regarding this scheme? | Yes/No |
| Does the carer(s) agree to sign up to the conditions as outlined in the Legal Agreement? | Yes/No (If ‘No’ this application cannot be progressed any further) |

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| **Recommendation by Fostering Supervising Social Worker** |
| Does the SSW support this application? | Yes/No (If ‘No’ please give reason) |
| Name of Supervising Social Worker:  |  |
| Supervising Social Worker’s signature |  |
| Date: |  |

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| **Approval from Fostering Support and Development Manager** |
| Does the Support & Development Team Manager approve this application? | Yes/No (if ‘No’ please give reason below) |
| Name of Manager: |  |
| Manager’s signature: |  |
| Date: |  |

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| **Loft Conversion/Additional Bedroom Grant Panel Approval** |
| Has funding been approved by the Panel for this foster carer(s) to receive the grant? | Yes/No (If ‘No’ give reasons) |
| Name of decision-maker for this application |  |
| Signature of Decision-Maker |  |
| Date |  |