## THE TOTTENHAM GRAMMAR SCHOOL FOUNDATION

A registered Charity

SAW

**CONFIDENTIAL** 

**APPLICATION FOR A** 

The Clerk to the Foundation PO Box 34098

LONDON N13 5XU

# SPECIAL SOMERSET AWARD

Telephone: 020 8882 2999

THIS FORM IS FOR USE BY THE PARENT, GUARDIAN OR OTHER APPROPRIATE PERSON APPLYING FOR ASSISTANCE ON BEHALF OF AN INTENDED BENEFICIARY (usually a child of statutory school age - i.e. aged under 17) PLEASE READ THE NOTES OVERLEAF BEFORE COMPLETING THIS FORM IN INK USING **BLOCK CAPITALS** 

APPLI	CANT'S NAME please circle your preferred title: Mr / Mrs / Mis	iss / Ms
SURN	IAME: FO	DRENAME:
Addres	SS:	
	Ho	ome Tel:
Postco		and/or obile Tel: 0 7
(1) If the should (2) If the and nexpland FORM	he intended Beneficiary currently attends or has d be signed by that school's head teacher at point he intended Beneficiary did not attend a Haringey ormal home address in the London Borough o nation of why they are attending a non-Haringey sc S NOT SIGNED BY A HARINGEY HEADTEACHER	y school, documentary evidence of their date of birth of Haringey must be provided together with a full chool (see note (iv) overleaf).  WHICH ARE NOT ACCOMPANIED BY EVIDENCE OF
		HARINGEY RESIDENCE WILL NOT BE CONSIDERED.
_	NAME OF INTENDED BENEFICIARY	DENAME
SURN	IAME: FO	DRENAMES:
if different (correspo	Address: t from above endence will only be with eant)	
	HE INTENDED BENEFICIARY PREVIOUSLY RECEIPLEASE GIVE DETAILS (including dates, purpose and amounts) HERE:	EIVED A SOMERSET AWARD? YES / NO
	e give the following details of the intended Benefic led, school: Dates of Attendance: from	m M / Y to M M / Y FOR SCHOOL OFFICE USE
School	I name:	
School	l address:	s1 Date of Birth and Dates of
Please	e indicate the PURPOSE FOR WHICH AN AWARD I	IS SOUGHT: School Attendance
(1)	Information Technology (IT equipment): e.g. Desktop PC, Laptop, iPad –	confirmed as correct:
(2)	Communication Aid / Software for Communication e.g. iPad with Proloquo/Grid Player; Step by Step	
(3)	Other	YES / NO
EQUIP	MENT REQUESTED:	

Please note applications for Communication Aids or software relating to communication will be initially referred by TGSF to the Haringey Augmentative Communication Service, Speech & Language Therapy, Vale School for assessment. Contact: SLT Dept; Vale School Resource Bases; 020 8801 1313 for more information. Please

turn over:

ONLY         #2         Chr Awds Trst Fin Agr £         on:           AF2SLT on:         REF O/COME:         PROC REQ'D ON:         PROC INIT'D ON:         EQ DEL'D ON:         EQ H/OVER ON:	TGSF OFFICE #1					APP CONTS ALSO INCL M/C B/C P/P HO/ID U/B HO doc L x B/Stat Other: via N/P R/D S/D				Dec >24 OBR 2 <sup>nd</sup> Awd O/R on:			lwd			
	USE ONLY #2						Aol	D via P	Τ	E	on:					
	AF2SLT on:  C:\TGSF\Forms\Special Awards\Specia		REF O/C P	OME: RFI	D	PRO	C REQ'D ON:	PROC INI	T'D ON:		EQ DEL'D ON:		EQ H/C	VER C	N:	

Covering letter from applicant (optional)  Letter from school  Letter from Healthcare professional  Letter from Healthcare professional  Assessment report / supporting information  Supporting information  Letter from Statement  Copy of relevant extract from Statement  required equipment cos	Pleas	se TICK ✔ th	ne items enclosed	d with this applica	<b>ation form</b> [see not	es below]:	
		,	Letter from school				Estimate or quote of required equipment costs

### In addition, please supply the following information:

	Date	Professionals Involved e.g. Teacher, IT Consultant
Assessment for IT equipment requested		
Trial period with equipment (i.e. an example of when child has used this type of equipment)		
Details of programs used/activities e.g. Apps		

Applications will only be considered if the above information is provided.

Applicant's	(A	)Signature of	
Signature:	Date:	Head teacher:	Date:
	set Awards are contained in the Rules for the	[Headteacher please see S1 in Sc	hool Office Use Only box above overleaf]
Management of the Foundation – copies a	are available from the Clerk to the Foundation	(If a Haringey school is/was not attended	ed please see note (iv) below)

## THE TOTTENHAM GRAMMAR SCHOOL FOUNDATION

#### NOTES FOR APPLICANTS OF SPECIAL SOMERSET AWARDS

- (i) Please use the application form above and overleaf if you would like to also send a covering letter, please feel free to do so, although it is not essential unless note (iv) below applies.
- (ii) Where the intended beneficiary has special educational needs, the application should be accompanied by a supporting letter or report from the Healthcare/Education professional working with the child and/or a supporting letter or report from their school and/or a copy of relevant extract(s) from the child's Statement.
- (iii) If an Award is being sought for the cost of a particular piece of equipment, the application should be accompanied by a copy of a quotation or estimate of costs this should itemise any essential additional associated costs (e.g. specialist computer software or communication aids).
- (iv) If the intended beneficiary has not attended a school in the London Borough of Haringey, the application should be accompanied by a letter explaining the reasons why and by evidence of their date of birth and Haringey residence (types of acceptable documentary evidence include: Birth Certificate; Passport; Home Office ID Card; Driving Licence; Medical Card; Utility Bill. Applicants often find that a Medical Card is a convenient solution as it can usually be used as evidence of date of birth and address. You are reminded that, when sending valuable documents through the post, you have a choice of methods. The Foundation will normally return your documents using the same method that you used to send them, e.g. Special Delivery, Recorded Delivery, 1st Class Post).

The address to use when posting your application is:

Tottenham Grammar School Foundation PO Box 34098 London N13 5XU

[IF YOU HAVE A WINDOW ENVELOPE – FOLD YOUR FORM SO THAT THIS ADDRESS SHOWS]