**School Explorer Fund Application Form**

**Complete all pages of this form, sign and return it by post to: *The Grants Office, 45 Cadogan Gardens, London, SW3 2TB***

Please use additional sheets if necessary.

**The decision of the Grants Committee is final.**

**NAME OF SCHOOL**

|  |
| --- |
|  |

**SCHOOL INFORMATION**

|  |  |
| --- | --- |
| **ADDRESS:****POST CODE:** |  |
| **TELEPHONE NUMBER:** |  |
| **BOROUGH:** |  |
| **L.E.A:** |  |

**CONTACT PERSON**

|  |  |
| --- | --- |
| **NAME:** |  |
| **JOB TITLE:** |  |
| **EMAIL ADDRESS:** |  |
| **TELEPHONE NUMBER:** (please state the best time to call) |  |

**BANKING INFORMATION**

|  |  |
| --- | --- |
| **BANK NAME:** |  |
| **ACCOUNT NUMBER:** |  |
| **SORT CODE:** |  |

**BRIEF DESCRIPTION OF SCHOOL:**

|  |
| --- |
|  |

**WHAT IS YOUR ANNUAL ARTS BUDGET?**

|  |  |
| --- | --- |
| **2017/18** | **2018/19** |
| £ | £ |

|  |  |
| --- | --- |
| **SCHOOL CONTRIBUTION 2018/19:** | **EXTERNAL FUNDING 2018/19:** |
| £ | £ |

**WHAT ANNUAL ARTS ACTIVITIES DO YOU RUN?**

|  |  |  |
| --- | --- | --- |
| **ACTIVITY** | **COST** | **YEAR GROUP** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**WHAT ACTIVITY DO YOU WISH TO APPLY FOR?**

|  |
| --- |
|  |

**DATE OF VISIT**

|  |
| --- |
|  |

**TOTAL COST OF ACTIVITY:**

|  |
| --- |
| £ |

**TOTAL REQUESTED AMOUNT:**

|  |
| --- |
| £ |

**PROVIDE DETAILS ON HOW THIS GRANT WILL BE EXPENDED:**

|  |
| --- |
|  |

**HOW WILL YOU FIND THE BALANCE?**

|  |
| --- |
|  |

**WHO DO YOU WANT TO PARTICIPATE IN THIS ACTIVITY?**

|  |
| --- |
|  |

**WHAT ARE YOUR THREE KEY OBJECTIVES FOR PARTICIPATING IN THIS ACTIVITY?**

|  |
| --- |
| 1. |
| 2. |
| 3. |

**PLEASE GIVE DETAILS OF FOLLOW UP ACTIVITIES CONNECTED TO THIS TRIP:**

|  |
| --- |
|  |

In addition to this information please include the following documents to support your application:

* The relevant section of your School Improvement Plan
* Your latest Ofsted inspection results
* Confirmation from the institution that you are taking part in an activity

**This form must be signed by the Headteacher and the relevant Head of Department:**

|  |
| --- |
| **SIGNED DATED****……………………………………………………………… …………………………………………………………………….****Headteacher**  |

|  |
| --- |
| **SIGNED POSITION** **……………………………………………………………… …………………………………………………………………..** |

I declare that the information given in this application form and on accompanying documents gives a full and accurate picture of the organisation’s activities and financial position.

I understand that it is a condition of receiving funding that a report must be submitted by us for the benefit of the Trustee, including relevant receipts and invoices, by the end of the Academic Year.