

# High Needs Students Due Diligence Annex 2 - Institution Details

## Organisation Information

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| **Contracting Name (Legal Entity):** |  |
| **Registered Office Address:** |  |
| **Postcode:** |  |
| **Company Registered Number:** |  |
| **Trading Name** (if different to Contracting Legal Name)**:** |  |
| **Trading Address** (if different to Registered Office Address): |  |
| **Postcode:** |  |
| **Site visit to take**  **place at:** | - **Registered Office Address**  - **Trading Address**  - **Other** (address below)  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Legal Status of Organisation:** |  |
| **Name of parent company (if applicable)** |  |
| **Special Post-16 Institution:** | Yes  No |
| **If answer to above is no, please provide institution type:** |  |
| **Is this a new institution?** | Yes  No |
| **All applicants must have actively traded for a minimum of three months, actively trading is defined in ESFA financial health guidance which can be found** [**here**](https://www.gov.uk/government/publications/esfa-financial-health-assessment)**.**  **If your response does not reflect the financial information submitted this may result in a failure of your application process.** |  |
| **Please provide your UKPRN number**  A UKPRN is required to receive DfE funding. | **If you do not have a UKPRN one can be obtained by registering with the** [**UK Register of Learning Providers (UKRLP)**](https://www.ukrlp.co.uk.)**.** |

## Primary Contact (in terms of application)

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| **Title:** |  |
| **First name:** |  |
| **Surname:** |  |
| **Direct Telephone Number:** |  |
| **Business Email Address:** |  |
| **Organisation Website Address:** |  |

## Principal/Head of Institution Details (if different from above contact)

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| **Title:** |  |
| **First Name:** |  |
| **Surname:** |  |
| **Direct Telephone Number:** |  |
| **Business Email Address:** |  |

## Background Information

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| **Which local authorities have you been in contact with in support of your application?**  Dorset  **Do you agree that the ESFA can contact these local authorities in support of your application?**  Yes  No |

## Proposed Student Cohort and Provision

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| **Is it proposed that education and training will be delivered in accordance with the principles governing study programmes as outlined on the DfE website?**  [Guidance on study programmes](https://www.gov.uk/guidance/16-to-19-funding-core-aims-in-study-programmes) is available from the DfE website:  Yes  No |
| **Are the premises where the provision will be delivered and the educational facilities available to visit?**  Yes  No |

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| **Is the proposed provision residential or day?**  Day  Residential |
| **Is it proposed that 10 or more students will commence placements at your institution in the current or start of the next academic year?**  Yes  No |
| **What is the age range of these students?**  Pre-16  16-18  19-24 |
| **Has your institution been named on each of the student's education, health and care plans?**  Yes  No |
| **What facilities does your organisation have for delivery of education and / or training to young people in the target area(s)?** |
| **Are staff delivering the provision qualified to Teacher Learning and Skills Status?**  Yes  No  **If no, please provide further details eg part qualified, etc.**  We have qualified teaching staff (QTS) and unqualified staff delivering programmes. Those who are unqualified have Level 5 teaching qualifications and also Level 3 PETTLS. |

## Information on Learning Difficulties and/or Disabilities of Proposed Cohort

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| **Please provide information relating to the proposed learner cohort:**  Acquired brain injury  Autism spectrum disorder  Communication difficulty  Emotional/behavioural  Epilepsy  Hearing impairment  Medical condition  Mobility - non-wheelchair user  Mobility - wheelchair user  Moderate learning difficulty  Profound and multiple learning difficulty  Severe learning difficulty  Visual impairment  Other, please give details: |

## Terms and Conditions

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| **I can confirm that**            a**gree to be bound by the terms and conditions of the ESFA Funding agreement as defined within Annex 1, subject to understanding that the funding agreement is reviewed annually and may change from the Annex 1 version.**  Signed  Print name  Date  **I understand that failure to agree to the above, and the terms set out in Annex 1, will result in the ESFA being unable to consider this application.**  Signed  Print name  Date |

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| Please email this completed form and the required financial health documents to: HNSduediligence.esfa@education.gov.uk |
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