**Guidance for professionals**

Thank you for downloading this application form to help a family, child or young person that you know and support.

In response to Covid-19, Birmingham Children’s Partnership has rapidly set up ten new localities with voluntary sector leads to work with professionals in each area of the city. This is about connecting teachers, nurses, social workers and the community together to help our families. Please get in touch with your locality lead to coordinate support that helps with multiple needs. See details on [www.birmingham.gov.uk/Covid19CYPF](http://www.birmingham.gov.uk/Covid19CYPF) and the [mind map](http://tiny.cc/n3iyoz).

In the meantime, some families are facing emergency shortages of food, fuel or perhaps a fridge has broken. **This small amount of resilience funding is to help families in emergencies only.** We are reliant on professional judgement and integrity about how much money is required.

**Richard Selwyn**
Transformation Director
Birmingham Children’s Partnership

Thank you again for the support you are giving to children, young people and families during the Covid-19 and recovery periods.

**Step 1 – Professional details**

Please give your details and sign here to say the application you are making is correct, and the funding amount required is based on your professional judgement and integrity.

|  |  |
| --- | --- |
| Name of professional: |  |
| Organisation: |  |
| Position: |  |
| Manager’s name: |  |
| Manager’s phone and email: |  |
| Signature (typed): |  |

**Note:**

If the family is open to **Birmingham Children’s Trust**, please contact the family’s key worker in the Trust. If you are the key worker then please get in touch with the Resource Hub which will process the request for support on the same day. The phone number for the Resource Hub is 0121 303 1888.

**Step 2 – Emergency help**

**This is emergency resilience funding for Covid-19 related needs, not ongoing needs. If the family or young person has ongoing needs please ask the family to contact Birmingham City Council** [**Local Welfare Provision**](http://www.birmingham.gov.uk/lwp)**.**

Please note we will follow up each application with a call to the family.

What emergency help is needed by the family? The following amounts are suggested maximums, please only tick boxes that apply to the emergency need only:

[ ]  **Food** – £20 maximum per person in household

[ ]  **Rent** – £100 maximum

[ ]  **Bills** – £50 maximum

[ ]  **Data / Mobile / Internet** – £30 maximum

[ ]  **Medicine** – £30 maximum

[ ]  **Consumables** – £50 maximum

[ ]  **White goods** – £100 maximum

[ ]  **Other\*** – £50 maximum \*for example, learning materials, behavioural management

How much money is required for the family’s emergency need?

|  |  |
| --- | --- |
| How much money is required for the young person or family’s emergency need? Funds will be capped at £150. | £ |
| Please describe the emergency the family or young person is facing and how the money will help (50 to 100 words). If exceeding the suggested maximum funding, please state why.\* |  |

\*Funding will not be granted without professional justification of the need and emergency

**Step 3 – Personal details**

We will need some information about the young person or family please.

|  |  |
| --- | --- |
| Parent / Individual first name: |  |
| Parent / Individual surname: |  |
| Number of dependents: |  |
| Parent / Individual date of birth: |  |
| Phone number: |  |
| Email address: |  |
| Address: |  |
| Postcode: |  |

[ ]  Please tick if the applicant is in receipt of any **benefit**, including Universal Credit

[ ]  Please tick if an **application** for Universal Credit or other hardship funding is pending

Which **locality** is the young person or family from? Please tick only one\*.
\*If required please use the [postcode checker](http://tiny.cc/nfeyoz)

[ ]  **Edgbaston** [ ]  **Erdington** [ ]  **Hall Green** [ ]  **Hodge Hill**

[ ]  **Ladywood** [ ]  **Northfield** [ ]  **Perry Barr** [ ]  **Selly Oak**

[ ]  **Sutton Coldfield** [ ]  **Yardley**

We require bank details to give money to a family or young person. If the recipient does not have a bank account, please get in touch directly with BVSC at cfhf@bvsc.org.

|  |  |
| --- | --- |
| Account holder’s name\*:\*This must match the name of the applicant |  |
| Sort code: | \_ \_ / \_ \_ / \_ \_ |
| Account number: | \_ \_ \_ \_ \_ \_ \_ \_ |

We will can get the resilience funding to families within two days, which is suitable for the large majority of the applications. In unusual circumstances a family may need an emergency payment more quickly, please indicate here if that is the case.

[ ]  Please tick if the money is needed more quickly than two days.

**Step 4 – Consent**

We need to process sensitive information so require **explicit** **consent** from the young person or family. Birmingham Children’s Partnership is committed to safeguarding all applicants and making every contact count. In order to progress applications, you must obtain explicit consent from the applicant for their information to be shared.

The application form will be shared with the financial administrator (Birmingham Voluntary Sector Council) and lead Early Help Locality Team for additional support.

Depending on the area, organisations in the Early Help Locality Team may include: Spurgeons, Northfield Community, Gateway Family Services, Birmingham Settlement, Compass Support, Family Action, Barnardo’s, Accord, Malachi, Birmingham Children’s Trust, Birmingham Community Healthcare NHS Foundation Trust, West Midlands Police, Birmingham and Solihull CCG and Birmingham City Council. Note bank details will only be shared with the financial administrators.

See here for details of the [Early Help Locality Teams](http://tiny.cc/n3iyoz).

Does the applicant **explicitly** consent for the information in this form to be shared for payment?

**Yes** [ ]  **No**\* [ ]  \*If the applicant does not agree to this, the application cannot be progressed

Does the applicant agree to a follow up call to provide additional support?

**Yes** [ ]  **No** [ ]

|  |  |
| --- | --- |
| Signature of professional confirming consent was completed with this application (typed): |  |

**Step 5 – Securely send the form**

There is now one route for support. BVSC is administering support for young people and families:

[ ]  **This application is for a family** [ ]  **This application is for a young person aged 16 to 25**

Please securely\* send the completed form to BVSC at **cfhf@bvsc.org**

Thank you for completing this form.

\*To send securely please use an application such as [Egress](https://www.egress.com/email-security/encryption)

 **For office use only**

|  |
| --- |
| **Authorisation: Payment Officer Details** |
| Name: |  | Role: |  |
| Signed: |  | Date: |  |