

Area Board Projects and Councillor Led Initiatives Application Form 2017/2018

To be completed by the Wiltshire Councillor leading on the project

Please ensure that you have read the Funding Criteria before completing this form PLEASE COMPLETE ALL SECTIONS TO ENSURE THAT YOUR APPLICATION CAN BE CONSIDERED								
1. Contact Details								
Area Board Name	Melksham							
Your Name	Jon Hubbard	on Hubbard						
Contact number	01225 807969		e-mail	Jon.hubbard	@wiltshire.gov.u	ık		
2. The project								
Project Title/Name	Melksham Emotional Literacy Support Assistant (ELSA) Project							
Please tell us about the project /activity you want to organise/deliver and why?	For the Melksham Area Board to fund 12 places on the Emotional Literacy Support Assistant (ELSA) training. This would facilitate a new ELSA trained member of staff at each school within the community area. An ELSA is a specialist Teaching Assistant who has training and experience in supporting children and young people's emotional and social development.							
Important: This section is limited to 900 characters only (inclusive of spaces).	individual objecti	with teachers to identify pupils who could benefit from support and to set actives for them. ELSAs then work with the pupil, either individually or in a sing activities targeted to the pupil's needs.						
	Following the successful Melksham Healthy Schools partnership project, there has been thusiasm from the Area Board and local Head Teachers to continue working together The best way to do this is to look at how the Area Board can help the local schools tack the Melksham Joint Strategic Assessment (JSA) 2017 priorities for young people. These were as follows: Child Poverty Mental and Emotional Health Childhood Obesity 							
Following consultation with school Head Teachers, it was felt that investment in would make a significant impact on many children's mental and emotional head ELSA training is an additional qualification for teaching assistants, not something they would typically be trained in. Due to the cost of the training, there are insufficient to ELSAs across the Melksham schools and many children who would benefit from support are unable to access them in a timely manner.						al health. The mething that e insufficient		
Where is this project taking place?		Location of the training TBC						
When will the project take place?		As soon as possible						
What evidence is there that this project/activity needs to take place/be funded by the area board?		Information from the schools indicates that pupils are unable to access the skills that an ELSA offers. In some schools there is no ELSA and in others there is a long waiting list for appointments.						

How will the local community benefit?	Children from any of the 12 schools wi	ll benefit from u	oskilled staff.			
Does this project link to a current Community Issue? (if so, please give reference number as well as a brief description)	No					
Does this project link to the Community Plan or local priorities? (if so, please provide details)	Yes – it helps target all three initiatives for young people.					
This has not been discussed by either group as the children why would be impacted by the project do not fit into either groups represented by the project do not fit into either groups and the project do not fit into either groups are project do not fit into either groups and the project do not fit into either groups are project do not fit into						
What is the desired outcome/s of this projethe Melksham community area. Who will be responsible for managing this		, ,	•			
3. Funding						
What will be the total cost of the project?	will be the total cost of the project? £8,604.00					
How much funding are you applying for? Please note that only capital funding is available	£4,500.00					
If you are expecting to receive any other funding for your project, please give	Source of Funding	Amount Applied For	Amount Received			
details	Teacher time (cover) from schools	£4,104.00				
Please give the name of the organisation and bank account name (but not the number) your grant will be paid in to. (N.B. We cannot pay money into an individual's bank account)	N/A					
4. Declaration – I confirm that						
The information on this form is correct and a specified. Any form of licence, insurance or other appoutlined in this application	,		the project			
Name: Jon Hubbard	Date: 11.01.	Date: 11.01.2018				
Position in organisation: Area Board Chair	man					
Please return your completed application t	o the appropriate Area Board Locality ⅂	Team (see secti	on 3)			