**Improved Disabled Access (IDA) Budget****Application Form**

FULLY COMPLETED FORMS SHOULD BE SUBMITTED TO THE IDA Budget Panel VIA [**LearningEstates@aberdeenshire.gov.uk**](mailto:LearningEstates@aberdeenshire.gov.uk)

*The Improved Disabled Access (IDA) Budget is used for adaptations to buildings to allow access to facilities.*

*To enable the prioritisation of projects, by the IDA Budget Panel, (Officers from Learning Estates and Inclusion, Equity and Wellbeing Teams), all stages of this application form must be completed in full prior to submission.*

*Please note that submission of this application does not guarantee funding.*

*Following submission, an officer will keep you informed of the progress of your application.*

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| **Name** |  | | |
| **Date of Birth** |  | | |
| **School** |  | | |
| **Year Group** |  | | |
| **Named Person** |  | | |
| **Lead Professional** (where applicable) |  | **Designation** |  |
| **Staged Intervention Level** |  | | |

***Stage 1****:* ***Head Teacher problem-solving***

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| **Please provide a brief summary of the adaptations that are felt to be required** |
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| **What Additional Support Need does the child/young person have that has resulted in the possible requirement of an Improved Disabled Access Budget application** |
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| **What are the risks associated with this Additional Support Need which has led to the possible need for a building adaptation.** |
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| **What measures have been put in place to mitigate against the risks detailed above** |
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| **Please tick to indicate the documentation which is currently in place for this Child/Young Person** | | | |
| Individual Education Plan (IEP) |  | Managing Accessibility Plan (MAP) |  |
| Single Agency Child’s Plan |  | Behaviour Support Plan |  |
| Multi Agency Child’s Plan |  | Personal Emergency and Evacuation Plan (PEEP) |  |
| Coordinated Support Plan (CSP) |  | NHS Protocol(s) |  |

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| **For each document in place as indicated above, please detail how this planning process is being used to address the child/young person’s Additional Support Need in relation to the possible requirement of an Improving Disabled Access Budget application** |
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| **What other support have you sought to specifically address the concerns that remain despite the above plans, e.g. PT ASL, Educational Psychology Service, Sensory Support Services, etc.** (as appropriate). **Please detail the approaches that have been tried to mitigate against the need for a building adaptation.** |
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***Stage 2:******Discussion with School Link Officer***

If after completing Stage 1 above you still have concerns and feel an Improving Disabled Access Budget application is required, please discuss this completed application form with your School Link Officer for further support with finding solutions.

***Stage 3: Where concerns remain following discussion with School Link Officer,***

**School Link Officer completes section below and submits to IDA Budget Panel, via**[*LearningEstates@aberdeenshire.gov.uk*](mailto:LearningEstates@aberdeenshire.gov.uk)

It is expected that only a very small number of **exceptional** applications proceed to stage 3.

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| **Please detail below Link Officer’s views on why this Improved Disability Access funding application is required to be made.** |
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Head Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Link Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Stage 4: IDA Budget Panel review of application***

*To be completed by IDA Budget Panel*

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| **Date application considered:** |  | | | |
| **Outcome:** | **Approved** |  | **Declined** |  |
| **Next Steps** (where required) |  | | | |
| **Date Head Teacher and Link Officer informed and by whom:** |  | | | |