

Application for Welsh Government Extended PDG Access Grant

2021 - 2022

For Pupils in Reception, Years 1, 3, 5 and Years 7 to 11



Llywodraeth Cymru
Welsh Government

To be completed by the parent/legal guardian of the child for whom PDG Access Grant is being claimed.

Name of Applicant: _____ Relation to Pupil: _____

Full Address:

Post Code: _____ Contact Telephone Number: _____

Contact Email Address: _____

Please give below the details of the child who is in full time attendance at school

Full Name of Child: _____ Date of Birth: _____

Name of School: _____ School Year: _____

(September 2021)

(September 2021)

Is the child living with you? Yes / No

Is the child entitled to free school meals? Yes / No

Is the Child a Looked After Child? Yes / No

If yes, please state the corporate parent (i.e. Local Authority)

*A looked after child refers to a child who is looked after by a local authority in Wales, in accordance with section 74 of the Social Services and Well-being (Wales) Act 2014 or England in accordance with Section 22 of the Children Act 1989 at the time the application is submitted.

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I am claiming financial assistance towards:

School uniform including coats and shoes

School sports kit including footwear

Uniform for enrichment activities, including but not limited to, scouts, guides, cadets, martial arts, sports, performance arts or dance

Equipment e.g. school bags and stationery

Specialist equipment where new curriculum activities begin such as design and technology

Equipment for out of school hours trips such as outdoor learning e.g. waterproofs

IT equipment - laptops and tablets ONLY

I accept that the results of a free school meal eligibility check will be used to confirm my entitlement to receive a PDG Access Grant for a Reception / Year 1/Year 3 / Year 5 /Year 7 to Year 11 pupil.

Signature of Applicant:

Date:

The PDG Access Grant will be paid directly into your bank account.

Please provide details below.

Please note that we are unable to accept Post Office accounts.

Bank Name:

Account Name:

Sort Code:

Account Number:

For office use only:

FSM verified	By	From