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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SCHOOL | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| School name: | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | Postcode: | |  | | | |
|  | | | | | | | | | | | | | | | |
| Borough: | |  | | | | | | | |  | |  | | | |
|  | | | | | | | | | | | | | | | |
| NOMINATOR | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
| Name(s): | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
|  | | School no: | | | | | | | Mobile no: | | | Additional no: | | | |
| Tel Numbers: | |  | | | |  | |  | | |  | |  | | |
|  | | | | | | | | | | | | | | | |
| Relationship to nominated child: | | | |  | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | |
| NOMINATED CHILD | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| Name(s): | | NO NAME REQUIRED AT THIS STAGE | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Date of birth: | |  | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Child’s gender: | |  | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **How does the nominated child meet the criteria? (see supporting holiday information)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **What benefits do you feel the child will gain from attending a Summers Trust holiday?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| ADDITIONAL INFORMATION | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Does the child fall into any of the following categories: \*please provide specific details bellow | | | | | | | | | | | | | | | |
| Pupil Premium (PP)  Child on a protection plan (CP)  Child adopted | | | EAL  Child on a child in need plan (CIN)  Child asylum seeker/refugee | | | | SEND  Child referred to MASH or social services  Child engaging with mental health services (CAHMS) | | | | | | | Looked after child  Allocated a social worker  Child referred to the educational psychologist | |
| **\*specific details** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Optional extra supporting evidence for consideration** | | | | | | | | | | | | | | | |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date received |  | | | |
|  | | | | |
| Selection |  | Yes |  | No |
|  | | | | |
| [www.summerstrust.co.uk](http://www.summerstrust.co.uk) | | | | |

**2018 Child Nomination Form** Please send completed forms to info@summerstrust.co.uk