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# Application for inclusion on the Welsh Government list of independent special post-16 institutions (ISPIs) and the arrangements at the ISPI

**General information**

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| 1. Name of Proprietor | *As registered with Companies House and/or Charities Commission* |
| 1. Website (if available) |
| 1. Registered Address (including post code) |
| 1. Telephone number |  |
| 1. Email address |  |
| 1. Address of the proposed ISPI if different from above | *Full address, including postcode and Local authority* |
| 1. Does the organisation operate any other specialist establishments in Wales and England?   (delete as appropriate) | Yes No  If YES, please give the full address and contact details for each establishment (other than that named in 6 above). |
| 1. Name of proposed ISPI (if different from 1) |  |
| 1. Name of Principal/Head of the proposed ISPI establishment |  |

**Legal Status**

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| --- | --- |
| 1. Legal status of organisation   (tick as appropriate) | Limited company  Incorporated Charity  Charitable incorporated organisation  Partnership  Limited liability partnership  Sole Trader  Other (please detail) |
| 1. Companies House registration number |  |
| 1. Names of company directors/trustees | *As registered with Companies House* |
| 1. Does the organisation have charitable status?   (delete as appropriate) | Yes No |
| 1. If YES to ‘13’, provide the name of charity and the Charity Commission registration number | *As registered with Charity Commission* |

**Financial Information**

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| 1. Please confirm that you have included either:    * Audited financial statements for the last 2 years; or    * For an establishment that has not yet prepared its first set of annual accounts, a costed business plan including 12 months forecasted income and expenditure, cash flow forecast, projected balance sheet and an explanation of the assumptions made for the figures provided | Yes No |

**Organisation**

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| 1. Does the organisation have a governing body/board of trustees for its post-school provision? | | Yes No |
| 1. If YES to ‘17’, please provide:   Chair person’s full name Residential address Post code Telephone Number | | *Full address, telephone number, etc.* |
| 1. Will the proposed ISPI admit:   (tick as appropriate) | | Only female students  Only male students  Both male and female students |
| 1. Does the establishment intend to provide boarding accommodation at the establishment or elsewhere under arrangements made by the proprietor for students? | | Yes No  *If YES, a copy of the CSSIW/CQC registration certificate must be provided.* |
| 1. If YES to ‘24’, will accommodation be:   (tick as appropriate) | | Term time accommodation  52 week accommodation |
| 1. Provide CIW/CQC registration number | |  |
| 1. Date the organisation first proposes to admit students | | DD/MM/YYYY |
| 1. Which types of ALN will the ISPI cater for? | *Set out briefly the types of Learning difficulty and or disability you can cater for.* |

**Arrangements**

Arrangements at an ISPI require Welsh Government approval

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| 1. Proposed age range of young people attending the proposed ISPI | *For example: 16-19, 16-25, 19-25* |
| 1. Proposed maximum number of young people the proposed ISPI will cater for |  |
| 1. Is the proprietor an individual?   (delete as appropriate) | Yes No |
| 1. If YES to ‘26’, then provide:   Usual residential address  Telephone number  Date of birth  National Insurance number | *Full address, telephone number, etc.* |
| 1. Is the Principal/Head also the proprietor? | Yes No |
| 1. Provide description of additional learning provision (ALP) offered by the ISPI. | *Information about the additional learning needs the establishment aims to cater for should be included as part of the description of ALP. Information provided should be clear and concise.* |

**Safeguarding**

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| 1. All staff working in regulated activity relating to children (age 16-18) and/or vulnerable adults (age 18+) have had relevant checks as required by the DBS | Yes No |
| 1. Confirm the proprietor agrees to act in accordance with the Welsh Government document ‘*Keeping Learners Safe*’ | Yes No |
| 1. If ‘No’ to Q31, provide reasons for not acting in accordance with ‘*Keeping Learners Safe*’ |  |
| 1. Provide details of the designated senior person[[1]](#footnote-1) with lead responsibility for managing safeguarding issues. | *Name, contact number and/or email address* |

**Additional Information**

A written Statement of Purpose is also required which accurately describes what the organisation sets out to do for the young people it accommodates and the manner in which education and care within that education is provided. The statement may be made up of other documents such as a prospectus.

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Please provide the following documentation and confirm they have been provided by ticking the relevant box: (this section should **only** be completed for those establishments who do **not** have a current Funding Agreement with Welsh Government)

Statement of Purpose

A signed copy of the ‘Provider Declaration of Health and

Safety Management’

Cyber Essentials (or equivalent) Certificate

Health, safety and welfare policy

Child protection policy and policy for safeguarding vulnerable adults

Countering bullying policy

Complaints policy

Welsh language policy

Quality assurance and customer care policy

Equality of opportunity policy

Documented systems for managing and improving the quality of

learning, including an annual cycle of self assessment and

review

Sustainable development policy

Educational visits policy

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| I confirm that the information submitted is accurate and I am authorised to submit this application on behalf of the organisation (please tick)  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Print name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please email this completed application form and supporting documents to [Post16ALN@gov.wales](mailto:Post16ALN@gov.wales)

*For those ISPIs located in Wales, the information in this form and documents in support of it will be shared with Estyn who, as part of the application process, may make arrangements to visit the establishment.*

1. Page 23 of [Keeping Learners Safe](https://gov.wales/keeping-learners-safe) [↑](#footnote-ref-1)