



APPLICATION FORM

Multiply Maths Delivery Funding

Engaging Teaching Assistants
and Support Staff through
education settings

Multiply



**OXFORDSHIRE
COUNTY COUNCIL**

Application form – Multiply Oxfordshire TA and Support Staff Grant

School:			
Address:			
Contact Name:		Telephone:	
		Email:	
Total funding requested			

1.1 Project Aims: In no more than 100 words, what difference will your project make to your TAs and Support Staff?

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1.2. Requirements: In no more than 50 words what will the investment be used for?

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1.3. Beneficiaries: In no more than 50 words, who and how many people will benefit and how will you capture feedback and monitoring information e.g., name, date of birth, postcode?

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2: Delivery Plan and Timescales: What will you do and when		
Action / Course	Start date	End date
Add more rows if needed >>>>		

3: Budget: What will you need to invest in?	
Expenditure	Estimated total cost
Add more rows if needed >>>>	
Total Grant	£

4.1: Compliance: Please confirm you have the following in place		
	Yes	No
Health & safety policies, procedures and training		
Equal opportunities policies, procedures and training		
Safeguarding policies, procedures and training		
Data protection policies, procedures and training		
Insurance		

4.2: Declaration: Please confirm you have the following in place		
	Yes	No
I, the undersigned, declare that to the best of my knowledge the answers given in our application are correct.		
I understand that the Council may require additional information prior to agreeing any funding and reserves the right to negotiate changes.		
I understand that the Council reserves the right to annul the application process and reject all quotations at any time prior to contract award, without thereby incurring any liability to the applicants.		
Name:		
Signed:		
Date:		

Please return this form to multiply@oxfordshire.gov.uk by the end of Friday 9th February 2024.