

**December 2018**  
**Management Circular No. 36**

To **Heads of all establishments**

## **Request for Financial Assistance for Educational Trips**

Education Services annually makes funds available to provide financial assistance for Educational trips. The sum available annually is dependent on the budget settlement for Education.

Any financial assistance will be awarded following a formal application process. Therefore requests for assistance must be submitted on the attached pro-forma. Requests can be submitted at any time during the year, but should be at least three months in advance of the planned trip to ensure any decision on funding will be received in time.

Assistance to a maximum value of 10% of the trip cost or £500 (whichever is lower) may be awarded, and assessment will be based on factors including the numbers of children/young people benefitting, social deprivation and the total overall cost per child/young person. The requests likely to receive support will be those where the children/young people attending are affected by social deprivation or have particular individual additional support needs.

Overall, to qualify for funding, each trip must promote the advancement of learning.

The assessment will be undertaken by the Finance and Business Support Manager and Assistant Finance Officer and approved by the Head of Service Development/Executive Director. All awards will be based on the information provided in the pro-forma and the decision will be advised within four weeks of receipt.

Due to the limited level of funding available there is a high chance that the funding may be exhausted during a financial year. In this case no further awards will be made and applicants will be notified.

Maureen McKenna  
Executive Director of Education



# Request for Financial Assistance for Educational Trips

PLEASE USE BLACK INK AND BLOCK LETTERS

<b>1</b>	Name of Establishment	
	Date of planned trip	
	Nature of the trip	
	Number of children/young people attending	Stage

<b>2</b>	Cost breakdown and cost per child/young person
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<b>3</b>	Reason for Request for Assistance
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<b>4</b>	Value of assistance requested    £
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Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT) \_\_\_\_\_ Designation \_\_\_\_\_

**When completed, please return this form to:**

Education Budget unit  
Financial Management and Compliance, Floor 2  
Education Services  
Glasgow City Council  
City Chambers East  
40 John Street  
GLASGOW  
G1 1JL

For Office Use ONLY	
Date Received	Date of Assessment
Sum approved £	
Signature of Approver	Signature of Approver
Signature of Approver	Signature of Approver
Date of Notification	