**Holiday Activity and Food Programme**

**Expression of Interest**

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| **HAF Expression of Interest** | | | |
| Setting name and address: |  | | |
| Name of the person submitting EOI | . | | |
| Email address: |  | | |
| Contact Number: |  | | |
| What is the legal status of your provision: |  | | |
| What area does your provision serve? |  | | |
| Are you Ofsted registered? |  | Ofsted Registration Number: | |
| How many children are you registered for? |  | | |
| Do all staff hold relevant DBS checks? |  | | |
| Can you provide certificates to verify the following?  *These documents will be required on application* | 1st Aid | |  |
| Food Hygiene | |  |
| Safeguarding | |  |
| Health and safety | |  |
| Inclusion Policy | |  |
| Risk Assessments | |  |
| GDPR compliant | |  |
| Is your provision insured for public liability covering up to 5 million pounds? |  | | |
| Do you have access to kitchen facilities or a food preparation area? *If not, how will you provide meals?* |  | | |
| What age/s are the children you would be providing this service for? |  | | |
| How many places could you offer? |  | | |
| What would this look like? (days, times, flexible) |  | | |
| Please describe briefly how you will meet the objectives of the HAF programme, outlined in the guidance. Please give examples of what you aim to provide, including physical and enrichment activities; food provision; nutritional education; and signposting.  **Physical Activity Details:**  **Enrichment Activity Details**:  **Food and Nutritional Education Details**:  **Signposting and materials:** | | | |
| How will the provision ensure the extra places provided does not impact on the children who usually attend? | | | |
| Additional Comments: | | | |
| Signature: | | | |
| Date: | | | |

**Please submit your Expression of Interest to** [**HolidayActivity.andFoodProgramme@sefton.gov.uk**](mailto:HolidayActivity.andFoodProgramme@sefton.gov.uk)