1. Children & Families Output

Action*:_________________________________________  Staff Member*:____________________________________

Select an indicator and complete related fields below:

☐ G2 - 3:2.1 Children & families supported in education and personal development

Activity Name*:_____________________________________________

Type of Activity*: (select one option)

☐ Additional tuition  ☐ Access to further education & training  ☐ After school club

☐ Career guidance/counselling  ☐ English language supports  ☐ Equality/Anti-discrimination

☐ Family supports  ☐ Homework club  ☐ Information technology

☐ Pre-school supports  ☐ Sports/recreation/culture  ☐ Welfare & wellbeing

☐ Youth work

Start Date*: ________/__________/20_________  End Date: ________/__________/20_________

Primary Target Group*:_______________________________  Secondary Target Group:________________________

Engagement Type*:  ☐ Once off  ☐ Ongoing/regular  ☐ Ongoing/ad hoc

Source of Funding*:  ☐ SICAP funded 100%  ☐ Mainly/Half funded by SICAP

☐ Less than Half funded by SICAP  ☐ 100% funded by Others

No. of parents/guardians*:  Female___________  Male___________

No. of children (0-18 years)*:  Female___________  Male___________

Age Group*:  ☐ Under 5 years  ☐ 05-12 years  ☐ 13-18 years  ☐ Any age group

Description of SICAP Role*:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Mandatory fields are marked with an asterix (*) - do not leave blank.
1. Children & Families Output

Action*: ___________________________ Staff Member*: ______________________________

Select an indicator and complete related fields below:

☐ G2 - 3.3.1 Supports to remain within the education system (identified as at risk of ESL)

Activity Name*: ________________________________

Type of Activity*: (select one option)

☐ Additional tuition
☐ Career guidance/counselling
☐ Family supports
☐ Welfare & wellbeing
☐ Access to further education & training
☐ English language supports
☐ Homework club
☐ Sports/recreation/culture
☐ After school club
☐ Equality/Anti-discrimination
☐ Information technology
☐ Youth work

Start Date*: _______/_______/20_______  End Date: _______/_______/20_______

Primary Target Group*: ________________________________ Secondary Target Group: ________________________________

Engagement Type*: ☐ Once off ☐ Ongoing/regular ☐ Ongoing/ad hoc

Source of Funding*: ☐ SICAP funded 100% ☐ Mainly/Half funded by SICAP
☐ Less than Half funded by SICAP ☐ 100% funded by Others

No. of parents/guardians*: Female___________ Male___________

No. of children (0-18 years)*: Female___________ Male___________

Age Group*: ☒ 13-18 years

Secondary School*: ________________________________

Supporting documentation on file*: ☒ Yes

Description of SICAP Role*: ________________________________________________________________

Mandatory fields are marked with an asterix (*) - do not leave blank.
Activity Name*: ____________________________________________________________

*If appropriate, record details of your involvement in the supporting the activity (a C&F Output for the activity must be recorded first—C&F (1) or (2))

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<th>Staff Member*</th>
<th>Date* &amp; Duration*</th>
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