# Översikt över ansökan

Kom ihåg: ansökan görs i ett digitalt formulär i [**Bidragsportalen**](http://www3.spsm.se/bidragsportalen/Account/Login.aspx)**.** Detta dokument är bara till för att ge en överblick och hjälp inför ansökan.

Ansökan består av steg 1, 2 och 3

**Steg 1. Ansökan**

**X**

Hjälp

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| |  | | --- | | Avser år: | |  |

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| |  | | --- | | Somatisk avdelning | |
| |  | | --- | | Söker ej bidrag för somatisk avdelning. | |
| |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  | | --- | | Namn på institution där sjukhusskolan är belägen \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Verksamhetsansvarig \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Telefon \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | E-postadress \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Upptagningsområde \* | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | Antal årsarbetare \* | | | |  | | --- | | Kostnad inkl sociala avgifter \* | | |  | | --- | | Kommentar | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | Lärartjänster för undervisning på sjukhus eller annan motsvarande institution | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | | | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Uppskattat antal elever per år \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Uppskattat antal elevdagar per år \* | |  | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | Beskriv er undervisning. (Tex. har ni mest enskild eller gruppundervisning? Hur ser dagen ut? Vilka öppettider har ni, dvs. när under dagarna erbjuds undervisning? Vilka lärverktyg kan ni erbjuda? ) | | |  | | |  | | --- | | Beskriv på vilket sätt ni arbetar för att eleverna ska bli delaktiga i undervisningen. | | |  | | | |  | |
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| |  | | --- | | BUP-klinik | |
| |  | | --- | | Söker ej bidrag för BUP-klinik. | |
| |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  | | --- | | Namn på institution där sjukhusskolan är belägen \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Verksamhetsansvarig \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Telefon \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | E-postadress \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Upptagningsområde \* | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | Antal årsarbetare \* | | | |  | | --- | | Kostnad inkl sociala avgifter \* | | |  | | --- | | Kommentar | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | Lärartjänster för undervisning på sjukhus eller annan motsvarande institution | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | | | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Uppskattat antal elever per år \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Uppskattat antal elevdagar per år \* | |  | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | Beskriv er undervisning. (Tex. har ni mest enskild eller gruppundervisning? Hur ser dagen ut? Vilka öppettider har ni, dvs. när under dagarna erbjuds undervisning? Vilka lärverktyg kan ni erbjuda? ) | | |  | | |  | | --- | | Beskriv på vilket sätt ni arbetar för att eleverna ska bli delaktiga i undervisningen. | | |  | | | |  | |

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| |  | | --- | | Behandlingshem | | | | |
| |  | | --- | | Söker ej bidrag för behandlingshem. | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  | | --- | | Namn på institution där sjukhusskolan är belägen \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Verksamhetsansvarig \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Telefon \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | E-postadress \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Namn på BUP-klinik som behandlingshemmet är knutet till \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Upptagningsområde \* | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | Antal årsarbetare \* | | | |  | | --- | | Kostnad inkl sociala avgifter \* | | |  | | --- | | Kommentar | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | Lärartjänster för undervisning på sjukhus eller annan motsvarande institution | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | | | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Uppskattat antal elever per år \* | |  | | | |  |  |  | | --- | --- | --- | | |  | | --- | | Uppskattat antal elevdagar per år \* | |  | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | Beskriv er undervisning. (Tex. har ni mest enskild eller gruppundervisning? Hur ser dagen ut? Vilka öppettider har ni, dvs. när under dagarna erbjuds undervisning? Vilka lärverktyg kan ni erbjuda? ) | | |  | | |  | | --- | | Beskriv på vilket sätt ni arbetar för att eleverna ska bli delaktiga i undervisningen. | | |  | | | |  | | | | |
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**Steg 2. Kostnader och bidrag**

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | Enhet | | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | Tjänst | Kostnad | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  | | --- | | Somatisk avdelning | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  |  | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  | | --- | | BUP-klinik | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  |  | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  | | --- | | Behandlingshem | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  |  | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  | | --- | | TOTALT | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  |  | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  | | --- | | Skolhuvudman ansöker om bidrag \* | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | | |
| |  | | --- | | Övriga upplysningar: | |
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**Steg 3. Granskning och signering**

I detta steg återfinner ni en översikt över era svar. Granska att korrekt information är ifylld och signera därefter med hjälp av den signeringskod ni fått skickad till er i samband med att ni skapade användarkonto i bidragsportalen. Om ni glömt eller inte kan återfinna er signeringskod, skicka e-post till [sis@spsm.se](mailto:sis@spsm.se) med det namn eller användarnamn som är kopplat till er användare och efterfråga ny signeringskod. Vi svarar så fort vi kan.