

**Request for Inclusion Funding for Out of School settings to support
Children and Young People with additional needs
and/or complex medical needs.**

Section 1

Setting Details

Name of Your Setting

OFSTED Registration Number: (If applicable) _____

Provider Number (FEEE) (If applicable)

Setting Address (Please Include Postcode)

Telephone Number

Setting Email Address

Correspondence Address (if different to setting address)

	Monday	Tuesday	Wednesday	Thursday	Friday
Number of children in attendance					
Number of staff routinely present					

Contact Name _____

Position _____

Section 2

Child's Details

Full Name: _____

DoB: _____ Male / Female

Address (Please
Include Postcode): _____

Telephone Number/s: _____

Date child starting sessions: -----

Expected start dates (if not yet attending): -----

Section 3

How have you listened and responded to the child's or young person's voice?
Consider how you have gained this information. For instance, as a result of
consultation you have carried out directly with the individual child, using their One
Page Profile to support this if they have one in place, or if the child is non-verbal
have you used other methods, such as observation of their non-verbal emotions
and body language, to ensure their voice has been heard?

Section 4

In reference to the funding criteria please indicate the support the child needs in relation to your request for inclusion funding. This support will be viewed at time of monitoring visit;

Intimate care

Support during meal times

Supporting independence with self-help skills

Safety of self and others

Transition and supporting changes in routines

Building relationships with peers

Supporting the child's communication needs through additional resources e.g.

PECS, Visual timetables

Adapting the environment to meet the child's needs

Supporting the child's medical needs

Positive behaviour Support

Support for personal emotional wellbeing

In relation to each of the needs you have identified above please indicate the following;

1. What interventions are currently in place to support the child's needs?
2. What difference will the funding make to ensure the child is fully included within the setting?

Please continue on an additional sheet if required.

Section 5

Term for which funding is requested:

Summer

Autumn

Spring

If you are applying for an additional adult, please indicate in the box below the hours you require the funding for

Day	Am	Pm	Number of weeks
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Total Hours			

Section 6

If you are applying for funding for specific equipment or resources to aid transition and settling in, as per the criteria, please give details below – please note proof of purchase will be required;

If you are applying for training as required for health care tasks as identified by The Diana Children’s Community Service, as per the criteria, please give details below – please note proof of purchase will be required;

Section 7

Re-Application

If you have received Additional Adult Funding before, what has been the impact of the extra support?

Section 8

Information from parents:

Does the child have:

An EHC plan

A SEND support plan

Parent/carers/young person's signature/s:

(Evidence of capacity if over the age of sixteen will be required)

Date: _____

I can confirm I am a working parent/carer. Signature/s required: _____

As _____'s parent or carer how would you like the funding to assist your child in the setting?

If the setting has had funding before are there any further comments you may wish to add?

Section 9

Are the Autism Learning Support Team involved with the child? Yes/No.

If yes, then they will be informed that the child is attending the OOS club.

Parents/carers signature/s: _____
(required for consent for this information to be shared.)

Section 9 continued.....

Please give details of support agencies actively involved and currently working with the child
e.g. Psychologist, Speech and Language Therapist, CAF or Early Support.

Name	Title	Date of most recent report received
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What links do you have with the school or SENCO?

Please attach recent reports received (ensuring you have permission from the professional involved)

Is the Child receiving funding from social care/pupil premium or other?
Please give details;

This funding can only be used to contribute towards;

- **The provision of an additional adult to support the successful inclusion of this child in your setting**
- **To support any transitional needs through equipment or resources**
- **To apply for training as required for health care tasks as identified by The Diana Children's Community Service**

I understand that if the child leaves this setting mid-term, any outstanding monies will be required to be returned to the Children and Young People's Service.

Leader Signature: _____

Print name: _____

Date: _____

Please now complete checklist before submitting. Incomplete applications will NOT be considered at panel.

- All sections of application completed in full
- Supporting evidence attached and dated within last 12 months. The supporting evidence accepted is an EHCP, Educational Psychologist report, SEND support plan, Health Care Professional report or letter confirming diagnosis and needs. Please send as a Word document or PDF, photographs will NOT be accepted.

- Parents signature obtained and dated (actual and not typed) Or a covering email from the parent/carer confirming the dates and times their child will be attending and that they support the application for Out of School Inclusion funding.
- Leaders signature obtained and dated (actual and not typed)
- Childs voice obtained (please see guidance in Section 3)
- Parents voice obtained
- One application per term
- One application per child

Please be aware your application will not be considered at panel unless completed in full and submitted on a Word document or PDF.

Submitting your application.

Please send to: Rachel.Condon@leics.gov.uk via Egress secure email – Please contact Rachel Condon if you require assistance setting up an Egress account.