

**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

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

<b>Day</b>	<b>Am</b>	<b>Pm</b>	<b>Number of weeks</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Total Hours</b>			

**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: \_\_\_\_\_

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.

<b>Name</b>	<b>Title</b>	<b>Date of most recent report received</b>
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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 return applications for the attention of Laura Anderton  
[Laura.Anderton@leics.gov.uk](mailto:Laura.Anderton@leics.gov.uk) via Egress secure email  
or by Anycomms using: Early Years Provider Files  
or by post to:  
Early Years Inclusion & Childcare Service  
Room G20  
County Hall  
Glenfield  
Leicestershire  
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