# **Request for Early Years Inclusion Funding**

**Request for Inclusion Funding for children from birth to school entry with SEND and/or complex medical needs in a non-maintained early years setting**

Most children’s needs will be met through their key person, universal provision, and small group work.

Before making an application please refer to the Inclusion Funding Thresholds and consider whether a child is in receipt of DLA DAF has a SEND support plan, has Early Support or an Education Health Care plan and a reviewed targeted plan.

Please ensure that if a child attends more than one provision a joint application is made at the same time to ensure equity of allocation of resources.

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| **Basic Information** |
| Name of Child: |  | EY Setting(s): |  |
| Date of Birth: |  | Unique Pupil Number *(if known):* |  |
| Address: |  |
| Parental Responsibility (name): |  | Relationship to Child: |  |
| Email Address: |  |
| First Language: |  | Ethnicity: |  |
| Hours attending EY setting: |  | Is this a renewal request? |  |

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| **Does the child have…?** |
| Free Early Education Entitlement Funding (FEEE) | Yes/No |
| Two-year-old funding | Yes/No |
| Eligible for extended hours (30 hrs) | Yes/No |
| An Education Health and Car Plan | Yes/No |
| A SEND Support Plan  | Yes/No |
| A Personal Education Plan (for looked after child) | Yes/No |
| DLA (Disability Living Allowance) | Yes/No |
| DAF (Disability Access Fund) | Yes/No |
| Early Years SEND Inclusion Support | Yes/No |
| Any additional support/input | Yes/No |

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| **Setting details** |
| Name of Setting: OFSTED Registration number: Setting address (including postcode):   Telephone numbers: Correspondence address (if different from above):  Contact name: Role of contact:

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|  | Attended sessions e.g. Mon: Am 8.45 – 12.45, Wed: Pm 1-4 | Number of children in the room 2-3 years | Number of children in the room 3-4 years | Number of staff in the room |
| Monday: |  |  |  |  |
| Tuesday: |  |  |  |  |
| Wednesday: |  |  |  |  |
| Thursday: |  |  |  |  |
| Friday: |  |  |  |  |

How long has the child attended your setting? Does the child attend any other setting? If so, what days/ hours and please state which setting:  Does the child attend any other specialist placement e.g. Wigston Menphys / Sketchley Hill Nursery / Beacon specialist place / Oasis specialist place? Yes / No  |

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| **Please briefly describe the child’s needs which have led to this request** |
| Physical, sensory, and medical needs:Speech and language / communication needs:Learning needs:Emotional / behavioural needs:Health and Safety reasons: |

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| **Professional involvement** |
| Which professionals are involved with the child at your setting? | What advice have they offered? (please attach any appropriate advice) |
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| **Evidence of the Graduated Approach** |
| What interventions are currently in place to meet the child’s needs | Amount of practitioner time this requires: | What has the impact of this been? |
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| **Attainment** |
| Area of Learning | Date of Assessment | Child’s age in months | Assessment level (including entering, developing and secure) |
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| **Please give a brief summary as to why you are requesting Early Years Inclusion Funding and how it will benefit the child** |
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| **Additional Information**  |
| How many hours of additional help are you requesting for this child? Please state if you are wishing to stretch this offer:  If known, what is the proposed date to start school? Which school is it anticipated that the child will attend?  |

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| **For completion by parents** |
| As the parent / carer of ……………………………………………………… how would you like the situation to improve for your child in the setting as a result of this funding?     If the setting has had Inclusion Funding before, are there any further comments you wish to add about the progress your child has made?    Parent Signature: Date:  |

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| **For completion by EY provider** |
| Have you enclosed the following documents? ***Please note:*** *without an individual education plan or supporting document the panel will defer the application.* |
| **Document:** | **Date Completed:** | **Documents enclosed:** |
| SEND support plan |  |  |
| PEP for looked after child |  |  |
| Most recent progress summary and / or Early Assessment Review |  |  |
| Behaviour plan (if applicable) |  |  |
| Reports from other agencies / professionals (where permission has been sought) |  |  |

I understand that if the child leaves the setting mid-term, any outstanding monies will be returned to the Children and Family Services. If the child is absent for more than 15 consecutive days monies will be recouped. Monies may be monitored to ensure that they are being used appropriately.

**The rate of which Inclusion Funding is paid does not affect the child’s access to the provision for their entitlement.**

Setting SENCO/Manager:

Date:

**Please return the completed form to:**

**AnyComms** *(preferred method if available to you)*

File type\_ Early Years Provider Documents
File name\_ EY Inclusion Funding

**Post**

EYP – Early Years Inclusion and Childcare Service
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County Hall
Glenfield
Leicestershire
LE3 8RF