# **Request for Early Years Inclusion Funding**

**Request for Inclusion Funding for children from two 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. For children with significant and complex needs Inclusion Funding can be used to support them within your provision. Funding is no longer given in hours but as bands of support consistent across the county.

Before making an application, please refer to the Inclusion Funding Thresholds and consider whether a child is in receipt of DLA/DAF, 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: |  | Date of Birth: |  |
| Address: |  | | |
| Parental Responsibility (name): |  | Relationship to Child: |  |
| Email Address: |  | | |
| First Language: |  | Ethnicity: |  |
| Hours attending EY setting: |  |

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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 Care Plan | Yes/No |
| A Personal Education Plan (for looked after child) | Yes/No |
| DLA (Disability Living Allowance) | Yes/No |
| DAF (Disability Access Fund) date paid: | 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:  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  **If the child attends Menphys/Beacon specialist/Oasis specialist, you do NOT need to complete the next 5 sections, but please ensure you and parent sign the form** |

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| **Please give a brief summary as to why you are requesting Early Years Inclusion Funding** |
| How will you use the funding to support the child? |

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| **Please briefly describe the child’s needs which have led to this request** |
| **Communication and Interaction** |
| **Social, Emotional and Mental Health** |
| **Sensory, Physical and/or Medical Needs** |
| **Cognition and Learning** |

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| **Professionals** |
| Which professionals are involved with the child at your setting? Please include any reports/advice |
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| **Interventions** | |
| What interventions are currently in place to meet the child’s needs | 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) |
| Communication and Language |  |  |  |
| Personal, Social and Emotional Development |  |  |  |
| Physical Development |  |  |  |

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| **For completion by parents** |
| I agree to the setting applying for Inclusion Funding  Parent Signature:  Date: |

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| **For completion by EY provider** | | |
| Have you enclosed the following documents?  ***Please note:*** *without a targeted plan or supporting document the panel will defer the application.* | | |
| **Document:** | **Date Completed:** | **Documents enclosed:** |
| 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) |  |  |

This funding can only be used to

* Support the successful inclusion of this child in your setting
* Facilitate the child’s access to the early years curriculum

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.

**Inclusion funding will support all children to access their full FEEE 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  
Leicestershire County Council   
Room G20  
County Hall  
Glenfield  
Leicestershire  
LE3 8RF