# **Request for Early Years Transition Funding**

This funding is for children who would benefit from additional transition visits. Children in receipt of individual inclusion funding will not be able to claim this as their funding would be expected to support transition as part of enhanced support that they receive.

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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: |  |

|  |
| --- |
| **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: |

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| **Enhanced Transition Plan** |
| How will you use the funding to support transition? |

This funding can only be used to

* Support the transition plan for the named child

Monies may be monitored to ensure that they are being used appropriately.

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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