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| **Early Years Inclusion Funding Application Form**  Please return the form to [eyif@weycp.org.uk](mailto:eyif@weycp.org.uk)  If a reapplication is made, please use the original form and update the information in a different colour, including outcomes and provision.  It is the responsibility of the setting to reapply in a timely manner should the funding be required beyond the award given; funding cannot be backdated. | | | **Early Years setting evidence to inform Statutory Needs Assessment**  Please return this form to [sen@wokingham.gov.uk](mailto:sen@wokingham.gov.uk) | | | | |
| Provider details | | | | | | | |
| Setting name: |  | Date of request | | | | |  |
| Manager |  | | | SENDCo | |  | |
| Parent Details | | | | | | | |
| Name |  | | | | | | |
| Tel No. |  | Email address | | |  | | |

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| Child Information | | | | | | | | | | | | | | | |
| Name | |  | | | | | Age of child in months | | | | | Date of Birth | | |  |
| Date child started at the setting | |  |  | | | | Do they attend another setting? Y/N  If so which setting? | | | | | | | | |
|  | Please highlight those that apply | | | | | | | | | | | | | | |
| Early Years Entitlement Funding | | 2 year supported funding | | | | Universal 3-4 year old funding | | | | | Working Family entitlement (9 months – 4 years) | | | | |
| Additional Funding? | | EYPP | | | | DAF | | | | | DLA | | | | |
| Vulnerable Group? | | LAC | | | | GRT | | | | | Armed Forces | | | | |
| Professionals Involved with the child. | | SALT | | OT | | | | Physio | | Paediatrician | | | | CAMHS | |
| Name of LA Professional involved with the child or setting. | | Portage | | EYs Advisor | | | | EY SENCo | | EP | | | | Family Worker/Social Worker | |
| Stage of Graduated Response | | Stage 1  Universal | | | Stage 2  Targeted | | | | Stage 3  Gathering evidence of need | | | | Stage 4  EHCP requested | | |

Please indicate how many hours the child attends on each day. Please highlight in red how many of these are funded hours e.g. child attends a total of 5 hours on a Monday morning; 3 of which are funded (5:3)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| AM | AM | AM | AM | AM |
| PM | PM | PM | PM | PM |

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| --- |
| **Setting information:** |
| What SEND training have staff accessed in the past year? Please highlight as appropriate  Autism Education Trust/SENCO induction/CYPIT workshops/Dingleys Promise training/Bitesized videos/Inclusion Champions/Intensive interaction/Attention Autism/SEND Drop in/Other  We would expect settings to access additional staff training to support the needs of the children in their care before requesting additional funding. |
| Does the SENCO attend SENCO networks**?** Y/N |
| Have you accessed EY SEND support for this child? Y/N |

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| **What do you consider the child’s primary need? Please Highlight** | | | | |
| Cognition and Learning | Moderate learning difficulty (MLD); | Severe learning difficulty (SLD) | Profound and multiple learning difficulty (PMLD) |  |
| Communication and Interaction | Speech, language and communication needs (SLCN) | Autism  (Only highlight if a child has a diagnosis) |  |  |
| Social, Emotional and Mental Health | Social, emotional and mental health (SEMH) |  |  |  |
| Physical and Sensory | Physical disability (PD); | Multisensory impairment (MSI); - | Hearing impairment (HI | Visual impairment (VI) |

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| **Initial application** | **DATE** | **Term 1 re- application** | **Date** | **Term 2 re- application** | **Date** | **Term 3 re- application** | **Date** | **Term 4 re- application** | **Date** |
| **Application for initial settling in funding**  If you have a child due to start your setting with significant and complex needs who needs support from day one transitioning into your setting, you may apply with the support of a member of the EY Team for 6 weeks of funding to allow time to gather information for the full application. Please contact the EY team on [earlyyears@wokingham.gov.uk](mailto:earlyyears@wokingham.gov.uk) to discuss. Please indicate the name of the EY team member you have discussed the application with and we will ensure the application is reviewed by that team member. | | | | | | | | | | |

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| **Outcomes and Provision** | | | | | |
| Cognition and Learning | | | | | |
| Strengths | |  | | | |
| Needs | |  | | | |
| **SMART Outcome(s)** | | **Review/date** | **How will the setting meet the Outcome(s) identified** | **Additional Funding request (e.g. 5 Hours)**  **How will the money be spent** | |
|  | | Achieved  Continued  Achieved  Continued | . |  | |
| Reapplication 1 | |  |  |  | |
| Reapplication 2 | |  |  |  | |
| Reapplication 3 | |  |  |  | |
| Reapplication 4 | |  |  |  | |
| Communication and Interaction | | | | | |
| Strengths | |  | | | |
| Needs | |  | | | |
| **SMART Outcome(s)** | | **Review/date** | **How will the setting meet the Outcome(s) identified** | **Additional Funding request (e.g. 5 Hours)**  **How will the money be spent.** | |
|  | | Achieved  Continued  Achieved  Continued |  |  | |
| Reapplication 1 | |  |  |  | |
| Reapplication 2 | |  |  |  | |
| Reapplication 3 | |  |  |  | |
| Reapplication 4 | |  |  |  | |
| Social, Emotional and Mental Health | | | | | |
| Strengths | |  | | | |
| Needs | |  | | | |
| **SMART Outcome(s)** | | **Review/date** | **How will the setting meet the Outcome(s) identified** | **Additional Funding request (e.g. 5 Hours)**  **How will the money be spent.** | |
|  | | Achieved  Continued |  |  | |
| Reapplication 1 | |  |  |  | |
| Reapplication 2 | |  |  |  | |
| Reapplication 3 | |  |  |  | |
| Reapplication 4 | |  |  |  | |
| Physical | | | | | |
| Strengths | |  | | | |
| Needs | |  | | | |
| **SMART Outcome(s)** | | **Review/date** | **How will the setting meet the Outcome(s) identified** | **Additional Funding request (e.g. 5 Hours)**  **How will the money be spent.** | |
|  | | Achieved  Continued |  |  | |
| Reapplication 1 | |  |  |  | |
| Reapplication 2 | |  |  |  | |
| Reapplication 3 | |  |  |  | |
| Reapplication 4 | |  |  |  | |
| **Number of weeks (12 Max):** |  | | **Total number of FUNDED hours per week requested:** | |  |

**Checklist of additional information required**

* **Early Years Developmental Journal (Grid only)**
* **Individual Education Plan**
* **Signed parental consent**

**Parental/Guardian Consent statement for information storage and information sharing**

You are asked to consent to personal information about you / your child being shared with other organisations and agencies where it is appropriate to do so and only ever for the purpose of your child’s wellbeing and development. Information includes, but is not limited to, that which is obtained during an assessment, information already held and/or that which is contained within this form. The purpose of sharing information is to ensure suitable services are provided, through a better understanding of your child’s strengths and needs. Access to the information will only be given to staff for that purpose. Your information is protected by the General Data Protection Regulations 2016/679. You have the right to see the information that is being kept about this child. If you would like more information about how the Council uses your data, please see our Privacy Notice(s), which are available: <http://www.wokingham.gov.uk/privacy/> and Wokingham Borough Council 0-25 SEND privacy statement .

Information can be shared **without** permission where a child might be at risk of harm or has been harmed, or where a serious crime has or may be committed.

**I give my consent for information about this child to be shared with appropriate agencies for the purpose as set out above. I understand that by signing this form, it does not affect my rights under the Data Protection or Human Rights law. I understand that at any time I can change or withdraw my consent by notifying the person who has completed this application.**

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| **Parents/Carers** | | | | |  | **Signed** |  |  | | | | | | | | | | |
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|  |  |  |  |  |  | **Date** |  |  | | | | | | | |  |  |
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| **Child’s name** | |  |  |  |  |  |  |  | | | | | | | | | | |
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**Setting consent statement**

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| On behalf of the childcare provider, I agree to the following conditions – | | | | | | | | | | | | | | | | | | |
| ● | Monitoring visits from relevant early years professionals to ensure funding has been used as detailed in the guidance and the desired outcomes will be achieved | | | | | | | | | | | | | | | | | |
| ● | Carry out agreed actions as detailed by relevant early years professionals to achieve desired outcomes | | | | | | | | | | | | | | | | | |
| ● | Accept that the funding panel decision is final and that there is no process for appeal | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| ● | Advise the LA if the child leaves or funded hours are amended, so that the award can be adjusted where applicable | | | | | | | | | | | | | | | | | |
| ● | This award is subject to an Audit if the setting is selected | | | | | | | | | | | | | | | | | |
| I also confirm – | | | | | | | | | | | | | | | | | |
| ● | I am authorised to complete this application | | | | | | | | | | | | | | | | | |
| ● | all non-financial support has been explored and put into practice where possible | | | | | | | | | | | | | | | | | |
| ● | parent / carer consent and agreement to claim the funding for their child has been sought and they are aware where funding is shared both providers will be notified | | | | | | | | | | | | | | | | | |
| ● | the personal information provided is held and used in compliance with the General Data Protection Regulation (GDPR) | | | | | | | | | | | | | | | | | |
| **Owner / Manager** | | | | |  | **Signed** |  |  | | | | | | | | | | |
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|  |  |  |  |  |  | **Date** |  |  | | | | | | | |  |
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| **SENCO** | |  |  |  |  | **Signed** |  |  | | | | | | | | | | |
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|  |  |  |  |  |  | **Date** |  |  | | | | | | | |  |