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| **Early Years Inclusion Funding Application Form** Please return the form to eyif@weycp.org.ukIf 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.Please delete as necessary | **Early Years setting evidence to inform Statutory Needs Assessment**Please return this form to SENDEHCAssessments@wokingham.gov.ukPlease delete as necessary |
| 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 1Universal | Stage 2Targeted | Stage 3Gathering evidence of need | Stage 4EHCP 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)

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

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| **Setting information:** |
| Do other children in receipt of EYIF attend any of the same sessions? Please indicate on the table above with an **X** |
| What SEND training have staff accessed in the past year? |
| 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** |
| **Assisted Transition Funding**If you have a child due to start your setting with significant and complex needs who needs support from day one, 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 to discuss. Please indicate the name of the EY team member you have discussed the Assisted Transition 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** |
| X will attend to small group sessions of 5 children with highly visual input from a familiar adult at least once per sessionX will engage in table top activities using their interests at least once per sessionX will join bucket time session up to stage 3 at least once per sessionX will use visual choices and now/next boards to explore the activities on offer with support from a familiar adult | AchievedContinued AchievedContinuedAchievedContinuedAchievedContinued | Planning and delivering activities that build to x strengths and interestsActivities will be highly visual and funVisuals will be embedded into provisionStaff will be trained in Attention Autism and deliver a session every day with 3 other childrenFamiliar adult will offer choices from a choice board of visuals and support the child to move from activity to activity. | * 1. support to access small group sessions, e.g. singing/welcome session, 5x 20 mins
	2. support at table top activities 5x 10 mins

1-4 support for bucket time (5x 20 mins planning/20mins activity /4) * 1. support to move from activity to activity 5x 20 mins

Total = 4.2 hours  |
| 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.** |
| X will join a familiar adult in shared attention activities, led by X for 5 minutes, 4 times per sessionX will play alongside 1 other peer in a favoured activity so that an adult can model interaction with peers at least 2 times per session for 5 minutes | AchievedContinued AchievedContinued | intensive interaction, little and often throughout the session support to model interaction with other children | * 1. support for intensive interaction, little and often throughout the session (5x 5mins, 5x 5 mins, 5x 5 mins, 5x 5 mins)
	2. support to model interaction with other children 5x 10mins

2.5 hours |
| 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.** |
| X will transition from home to setting with the support of a familiar adult and visual reminders every day | AchievedContinued  | Familiar adult will meet X at the door every dayAdult will discuss any relevant information with parent/carers and feedback to rest of staffAdult to play favoured activity to help the child settleAdult will support with visuals. | 5 x 1 hour for meet and greet5 hours |
| 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.** |
| X will engage in all activities offered in the nursery environment safely | AchievedContinued  | Supervision at all times due to safety concerns re sense of danger, climbing, eating inedible materials Opportunities to explore climbing both inside and out using appropriate equipmentOffering alternative edible materials e.g. crushed cereal instead of sand | Supervision at all times due to safety concerns re sense of danger, climbing, eating inedible materials 3.3 hours |
| Reapplication 1 |  |  |  |
| Reapplication 2 |  |  |  |
| Reapplication 3 |  |  |  |
| Reapplication 4 |  |  |  |
| **Number of weeks (12 Max):** | **12** | **Total number of FUNDED hours requested:** | 15 hours |

**Checklist of additional information required**

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

**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** |  |   |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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** |  |   |  |