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**EY SEN Support: Application for additional funding: RENEWAL**

This form is to be used by a setting to apply for the *continuation* of Additional Funding. If the request involves any application for an increase in the agreed level of funding a new Application for Additional Funding will need to be submitted.

Please contact Early Years SEN funding team if you require any information or advice on preparing a renewal.

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| **Original Application for Additional Funding** | |
| **Date of Application Panel agreement ( within 12 months)** |  |
| **Panel decision ( how many hours support and value)** |  |
| **Date funding granted until:** |  |

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| --- | --- | --- | --- |
| **Child information** | | | |
| **Child’s Name and address** |  | | |
| **Date of birth** |  | **Year Group** |  |
| **Child Looked After** | **Y / N** | **Child in Need** | **Y/N** |
| **Setting name**  **Address** |  | | |
| **Email** |  | | |

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| --- | --- |
| **Please list all professionals currently involved (add more rows if needed)** | |
| **Name** | **Role** |
|  |  |
|  |  |
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| **Has a request for an EHC needs assessment been considered and applied for?** | |
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| --- | --- |
| Completed by |  |
| Designation |  |
| Date application discussed with family |  |
| Date of application |  |
| Date received by EYSEN team |  |

**PART 1: Person Centred Planning**

Please include here any changes in the child’s or families views over since the previous application and describe ways you have gathered their views during this time.

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| **Child or young person** | **Family** |
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**PART 2: Educational Support**

Summarise how additional funding have been used since it was agreed to achieve child’s outcomes, including how advice and support from other agencies available through the Local Offer has been implemented.

Attach an Individual Provision Chronology or similar as evidence.

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| **Summary list of interventions, support services, activities etc. and costs for each.** | **Cost** | **Outcome** |
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**PART 3: Educational documentation, reports and assessments**

**Essential educational documentation/ information**

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| --- | --- | --- |
| **Type of document** | **Date submitted** | **Name of person responsible for document and designation** |
| Individual Intervention Record or similar covering the period funding initially agreed for |  |  |
| SEN support plans/ profiles and reviews to cover the period of funding initially agreed for. |  |  |
| Timetable or similar showing clearly how additional funding has supported child’s access to appropriate learning experiences. |  |  |
| Record of child’s tracking and progress during the period funding initially agreed for |  |  |
| Attendance record |  |  |

**Additional reports and assessments**

Include any relevant reports or assessments which have contributed to the provision of the child during the time the initial funding has been in place. E.g. reports from Health agencies, SENSS, EP, EYSEN team, reviewed risk assessments, care plans, positive behaviour support plans etc.

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| **Name of Report / assessment** | **Date submitted** | **Name of the lead professional/ author and designation** |
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**PART 4: Additional Considerations**

In this section please detail any additional circumstances that you feel should be considered with this application.

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| Completed applications should be submitted via a secure system (Egress) to:  [EYSEN.Funding@oxfordshire.gov.uk](mailto:EYSEN.Funding@oxfordshire.gov.uk) |

September 2019