|  |
| --- |
| U:\My Pictures\Logos\print_white_on_green.jpg |

**Early Years SEN Support: Application for Inclusion funding**

**Inclusion funding may be applied for to support children in receipt of the 3 & 4 year old Early Education Entitlement who are not in a school reception class.**

**This SEN funding offers a contribution of £38.50 per week during school term times or stretched offer.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHILD INFORMATION** | | | | | | | |
| **Child’s name** |  | | | | | | |
| **Date of birth** |  | | | **Year group** | | |  |
| **Address** |  | | | | | | |
|  | **LAC Yes  No** | | | | **DLA\* Yes  No** | | |
| **SETTING INFORMATION** | | | | | | | |
| **Name of Setting** |  | | | | | | |
| **Address** |  | | | | | | |
| **Email address** |  | | | | | | |
| **Contact name** |  | | | | | | |
| **Contact details** |  | | | | | | |
|  | **Voluntary** | **Private** | | | | **Independent** | |
| **Is the child in receipt of** | **DAF\* Yes  No** | | **EYPP Yes  No** | | | | |
| **Attendance funding** | **Early Education Entitlement Yes  No**  **Working families entitlement Yes  No** | | | | | | |
|  | **If yes to either of the above - is this a split placement**  **Yes  No** | | | | | | |
|  | **If yes, please give details of other setting.**  **Name**  **Contact details**  **Number of hours attending.** | | | | | | |
| **Completed by** | **Setting:** | | | | | | |
| **Name** |  | | | | | | |
| **Designation** |  | | | | | | |
| **Signature** |  | | | | | | |
| **Date of request** |  | | | | | | |
| **Date agreed with parents/carer** |  | | | | | | |

\*DLA – Disability Living Allowance

\*DAF – Disability Access Fund.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Views of the child and family.**  Summary of child’s strengths and interests and the family’s view and hopes for their child. | | Date of most recent “All About Me” or similar if used | | **Description of the child’s development across the EYFS areas of learning.**  Please include or attach any developmental progress information/ tracking available. | |  | | **Details of additional provision already made to support the child, and why this is not sufficient.** | |  | | **Details of additional resources requested and how they will be used.** | | Additional training required. | | **Other services involved.**  Please list the name and agency of any others who work with this child. | |  |   **Supporting evidence/ information/ reports.**  This application is supported with relevant documentation: | | |
| Name of report or assessment | Report/ assessment attached. | Name of the person responsible for the document. |
| Essential | | |
| Copies of individual SEN Support and Outcomes Plan or similar |  |  |
| Relevant sheets from OCC guidance: Identifying and Supporting SEN, section C & D  <https://www.oxfordshire.gov.uk/cms/content/guidance-and-procedures> |  |  |
| A clear plan of how the funding will be used such as a time table |  |  |
| Description of the child’s development across the EYFS areas of learning/ Tracking and monitoring information. |  |  |
| Additional | | |
| ‘All About Me’ |  |  |
| Reports from any other services who may be involved supporting the child. |  |  |
| Behaviour plan/ risk assessments if appropriate |  |  |

|  |
| --- |
| **Additional Considerations**  In this section please detail any additional circumstances that you feel should be considered with the application. These can include specific events or situations that may have caused a recent change in the emotional or physical wellbeing of the child or young person. Especially relevant is any issue or event which could require the current support accessed to become less effective or inappropriate. |
|  |
| When do you anticipate this additional support will be in place? |
|  |

When completed please send securely to [EYSEN.Funding@oxfordshire.gov.uk](mailto:EYSEN.Funding@oxfordshire.gov.uk) using EGRESS. Please attach all additional information necessary to enable a full consideration of this application.

|  |  |
| --- | --- |
| **For Authoriser only** | |
| Amount of Inclusion fund agreed: |  |
| Effective from date: |  |
| Name of Approving Officer: | Signature: |
| Date: |  |
| Date letter sent to setting: |  |