



**EARLY YEARS INCLUSIVE PRACTICE FUND APPLICATION FORM**

**TO SUPPORT A CHILD IN EARLY YEARS PROVISION**

*Please read guidance notes before completing this form*

Please confirm that the decision to make this application has been discussed with the parents/carers.

Parent signature:……………………………..……………………

Print :…………………………………………………….. Date:………………..

I agree to let the setting know if I am moving my child to another setting or school.

|  |
| --- |
|  |

**The funding is available to promote the inclusion by Early Years Providers of children who have been early identified in needing additional support to access their universal 15 hours free entitlement.**

**The application runs to the end of the school year but will be reviewed termly.**

**Section A – Child’s details**

Child’s Name: …………………………………………….. Date of Birth: ……………...

Child’s home address:………………………………………………………………………

……………………………………………………………Postcode:………………………..

Date child started the provision: …………………………………

When did the enhanced support commence?…………………….

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is the child Looked After (in Public Care)? |  |  |
| Does the child have English as an Additional Language (EAL)? |  |  |
| Does the child currently access 2 Year Old Funding? |  |  |
| Does the child currently receive Inclusive Practice Funding (IPF)? |  |  |
| Are you in receipt of Disability Access Fund for this child (DAF)? |  |  |

**Details of the Early Years Provider making this application:**

Name of Early Years provision: ………………………………………………………………………..

Address: …………………………….……………………………………………………………………

……………………………………………………………………………………………………………..

……………………………………………………. Post Code: …………………………………….

Contact Name: …………………………………………………………………………………………..

Contact Number (Early Years Provision): ….……………………………………………..................

Email address: .............................................................................................................................

Ofsted Registration Number: …………………………………………………………………………..

**Section B - Child’s attendance at Early Years provision – please give times attended:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |
| |  |  | | --- | --- | | Yes | No | |  |  | |  |  |   Are these hours being accessed by a standard offer (38 weeks per year)?  Are these hours being accessed by a stretched offer (570 hours per year)? | | | | |

How many hours are you applying for per week?........................Hours per year?………..........

Does the child attend any other Early Years provision? If so please give name:

………………………………………………………………………………………..............................

Is the free funding split between the settings/ what are the hours in each?……………………....

**Section C - Description of child’s Special Education Needs (see exemplar)**

|  |
| --- |
|  |

**Section D –** **Assessment within the Early Years Foundation Stage :**

Date:…………………….. Actual age in months……………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of Learning**  **Prime and Specific** | **Age and Stage Band** | **\*E** | **\*D** | **\*S** |
| PSED – Making Relationships |  |  |  |  |
| PSED – Self Confidence and Self Awareness |  |  |  |  |
| PSED – Managing Feelings and Behaviour |  |  |  |  |
| PD – Movement and Handling |  |  |  |  |
| PD – Health and Self Care |  |  |  |  |
| CL – Listening and Attention |  |  |  |  |
| CL – Understanding |  |  |  |  |
| CL – Speaking |  |  |  |  |
| Mathematics |  |  |  |  |
| Literacy |  |  |  |  |
| Understanding of the World |  |  |  |  |
| Expressive arts and design |  |  |  |  |

**\*Key: E- Emerging D – Developing S – Secure**

**Section E - Please give details of any provision which you have made to promote inclusion. (see exemplar)**

This could be; access to different learning materials, additional staffing (including volunteers or paid staff) special equipment, staff development and training, which you have already provided.

|  |  |  |  |
| --- | --- | --- | --- |
| Specific area of difficulty | Nature of support/intervention | Evaluation | Next Steps |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section F - Support Services involved with the child**

|  |  |  |  |
| --- | --- | --- | --- |
| Service/Professional | Name | Service/Professional | Name |
| Early Years SEND Officer |  | Community Paediatrician |  |
| Educational Psychologist |  | Physiotherapist |  |
| Portage |  | Occupational Therapist |  |
| Sensory Support Team |  | Health Visitor |  |
| Speech and Language Therapist |  | ASC Team |  |
| Social Care |  | Other – please specify |  |

**Section G - Details about the child’s learning environment. Please indicate:**

|  |  |
| --- | --- |
| Age of the child |  |
| Minimum and maximum number of children in the child’s room and age range |  |
| Staff routinely in this room (do not include staff funded by the local authority) |  |
| No. of staff funded by IPF or Health |  |

**Section H - What additional provision do you need to make for this child to enable them to fully access the Early Years Foundation Stage? (see exemplar)**

If staffing ratios are enhanced, how will the setting use the additional support?

|  |
| --- |
|  |

**Section I – Checklist for paperwork to include as many of the following as possible**

|  |  |  |  |
| --- | --- | --- | --- |
| **Paperwork Copies** | x | **Paperwork Copies** | x |
| EY SEND Officer advice |  | Educational Psychologist advice |  |
| Meeting notes from last two reviews |  | Speech and Language Therapy report/advice |  |
| Current Play Plan and evaluation |  | 2 year old Integrated Review (if appropriate) |  |
| EY Additional Support Plan and evaluation |  | Ages and Stages Questionnaire  Health Visitor |  |
| Community Paediatrician report |  | Other specialist report |  |
| Occupational Therapist report/advice |  | Physiotherapist report/advice |  |
| WELLCOMM |  | Early Support Developmental Journal |  |
| ASC Team report |  | Venturing into Play (last page) |  |

**Section J – Educational, Health and Care Plan**

Please record here if a request has been made for an assessment for an Education, Health and Care Plan: - Requested Yes / No; Assessment Agreed Yes / No; Plan agreed Yes / No

**Section K – Declarations and payment**

**Declaration**

* I confirm that I have read and understood the Guidance Notes and that I accept the conditions attached to any funding allocated.
* I confirm that I have shared this form with the child’s parents/carers.
* I confirm that this application is accurate and any funding allocated will be used for the purposes indicated.

Owner/Manager/SENCo:

Name: ……………………………………………… Signed: ………………………………………

Position: …………………………………….……………………. Date: …………………............

**Agreed with Early Years SEND Officer**

Name: ……………………………………………… Signed: ………………………………………

Date: …………………............

**Payment**

Early Years Inclusive Practice Fund payments will be made by cheque or BACS payment into the account for which we hold details. Please advise Corporate Payments if your bank details have changed recently.

**Please send applications to:** Penny Bishop - Early Years SEND Team, Bromborough Satellite Centre, Gratrix Road, Bromborough CH62 7BW

**When posting this form along with supporting paperwork, please ensure that sufficient postage is paid in order that the form arrives in time to be considered at the panel meeting.**