**EARLY YEARS INCLUSIVE PRACTICE FUND FULL APPLICATION FORM**

**Please ensure you have read the guidance notes before completing this form.**

The Inclusive Practice Funding is available to promote the inclusion by Early Years Providers of children who have been early identified as needing additional support to access their universal 15 hours free entitlement. The application runs to the end of the school year and is subject to termly reviews and monitoring.

**Application Checklist**

|  |  |  |
| --- | --- | --- |
|  | http://i.stack.imgur.com/Kg1Do.png | Additional sheets attached? |
| I have consulted with my designated Early Years SEND Officer before making this application – signature obtained |  |  |
| Parent/Carer Consent – signature obtained |  |  |
| Details of the Early Years Provider |  |  |
| Section A – Child’s Details |  |  |
| Section B – Attendance |  |  |
| Section C – Special Educational Needs and/or Disabilities |  |  |
| Section D - Assessment |  |  |
| Section E – Inclusive Provision |  |  |
| Section F – Team around the Child |  |  |
| Section G – Environment  |  |  |
| Section H - Declarations and Privacy Notice |  |  |

**Document Checklist**

Please include as many documents as possible from the list and tick to confirm attached.

|  |  |  |  |
| --- | --- | --- | --- |
| **Document Type** | http://i.stack.imgur.com/Kg1Do.png | **Document Type** | http://i.stack.imgur.com/Kg1Do.png |
| EY SEND Officer advice |  | Educational Psychologist advice |  |
| Meeting minutes from two most recent 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 QuestionnaireHealth 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) |  |

**Parent/Carer Consent**

The decision to make this application has been discussed with me to which I consent to. I understand that I must inform the provider if I decide to move my child to another provider or school.

Parent Signature: ……………………………..……………………

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

|  |
| --- |
|  |

**Details of the Early Years Provider:**

Name of Early Years Provider: ……………………………………………………………………….

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

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

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

Contact Name (Manager or SENCo): ………………………………………………………………..

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

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

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

**Section A – Child’s Details**

Full Name: …………………………………………….. Date of Birth: ……………....................

Home Address: ………………………………………………………………………………………

……………………………………………………………… Postcode: ……………………………

Date child started at the provider: ……………………………………………

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? |  |  |
| Are you in receipt of Disability Access Fund for this child (DAF)? |  |  |
| Does the child currently receive Inclusive Practice Funding (IPF)? |  |  |

**Section B - Attendance**

Please provide typical times that the child attends on the specified day:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 (max 15)? ........................

Or for a stretched period, the number of hours per year? ………..........

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

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

.................................................................................................................................

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

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

**Section C – Special Educational Needs and/or Disabilities**

|  |
| --- |
| *Please provide a description of the child’s identified Special Education Needs and/or Disabilities. Refer to the exemplar for further guidance. Use additional sheets if required.** *Give the name and brief description and implications of any diagnosis the child may have – can usually be found on Community Paediatrician’s report*
* *Provide concise information on the child’s Personal, Social and Emotional Development (including self-help skills if showing delay and any behaviour issues), Language and Communication (including how they communicate, levels of understanding and expression and interaction with others) and Physical Development – if the child is not within his/her expected age and stage of development. You may wish to include specific ages and stages based on EYFS assessments.*
* *Describe the child’s play skills – solitary/parallel, special interests, preferred activities*
* *Describe how the child operates within the learning environments – both indoor and outdoor eg moving around independently, following routines, awareness of safety and others*
* *Explain how the child’s needs impact on his/her access to learning and play opportunities in your setting. You may wish to include how enhanced staffing would be used to support the child.*
 |

Education, Health and Care Plan (EHCP):

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Has a request been made for an assessment to access an EHCP? |  |  |
| If yes, has an assessment been agreed? |  |  |
| If yes has a plan been agreed? |  |  |

**Section D –** **Assessment**

Date of Assessment: ……………………. Actual age in years/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 – Inclusive Provision**

Please give details of any provision which the provider has already made to promote inclusion (refer to the exemplar for guidance). 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 |
| *E.g. Personal, Social and Emotional Development: Making relationships and Managing Feelings and Behaviour* | *We have been using enhanced staffing to implement IP targets suggested by EP on taking turns as part of a small group. B has been supported an adult in taking turns with one other child with adult prompts. Adult support has also been used to promote turn taking during B’s child initiated play, to try to reduce the incidents of hitting other children.* | *B is now able to take turns with another child with adult support during a structured activity. Although there has been a reduction in frequency, B will hit other children when in a larger group.* | *To continue to support B during child initiated play.* *To develop IP target to taking turns as part of a small group of up to 3 children with adult support* |
| *E.g. Area of Learning and aspects* | *Record what you do over and above typical provision to meet the child’s needs e.g. nature of IP targets, what any additional staff have been used for, differentiation of activities, changes to routine, learning environment or group activities* | * *What impact has this had?*
* *What progress has the child made as a result?*
* *Any further changes needed?*
 | *What will you need to do next? E.g. seek further advice, increase length of activity/size of group* |
|  |  |  |  |

What additional provision do you need to make for this child to enable them to fully access the Early Years Foundation Stage? If staffing ratios are enhanced, how will the setting use the additional support? (see exemplar for further guidance)

|  |
| --- |
| *What will role of enhanced adult be? Avoid using 1:1 terminology. Describe any specific parts of session routine child would benefit from support and what the role of the adult would be eg at mealtimes, during outdoors, on additional transition visits into school etc. If general support is needed, describe what the adult will be doing to promote inclusion.* |

**Section F – Team around the Child**

Please identify the named professionals supporting the child (if any).

|  |  |  |  |
| --- | --- | --- | --- |
| 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 – Environment**

Please provide details about the child’s learning environment.

|  |  |
| --- | --- |
| 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) |  |
| Number of staff funded by IPF or Health |  |

**Section H – Declarations and Privacy Notice**

Privacy Notice

Wirral Council has a legal responsibility under the Childcare Act 2006 to provide the Inclusive Practice Funding (IPF) for eligible children where an application is approved. To facilitate this we require personal data of the family and child. The data required enables Wirral council to check eligibility and ensure fraudulent claims are not made, as well as submitting returns to central government. The data will be kept in a secure location. Hard copies of personal data will be kept in a locked cupboard with limited access and electronic data will be kept on a secure server and, where possible, encrypted. The data will be kept for 25 years before it is destroyed.

Provider 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.
* I have read and understood the Privacy Notice above for Wirral council.

Name (Owner/Manager): ………………………………………………………………..…

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

.

Signed: ……………………………………… Date: ………………….............................

Early Years SEND Officer/SENCo Declaration

* I confirm that that provider has consulted with me regarding this application and I have supported the decision to apply.

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 affix the correct postage to the application and post to: Early Years SEND Team, Pensby Children’s Centre, Fishers Lane, Pensby CH61 8SD.

**Office Use Only**

Date Application Received: ………………………………………………………………………………………………………………………………….

Received by (name/role): ………………………………………………………………………………………….………………………………………...

Before Panel Deadline? ………………………………………………………………………………………………………………………………………

Date to Panel: ………………………………………………………………………………………………………………………………………………….