**Early Years Inclusive Practice Fund SHORT Application Form**

**Please ensure you have read the ‘Guidance for Providers’ document before completing this form. This form should be used to reapply for Inclusive Practice Fund to continue into a new academic year at the same setting (do not use this form to apply for the Enhanced Transition payment). This form should be submitted alongside the Summer Impact Report.**

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 entitlement. The application applies to the end of the academic year and is subject to termly impact reports.

**Parent/Carer Consent**

|  |
| --- |
| The decision to make this application has been discussed with me and I give my consent. I understand that I must inform the provider if I decide to move my child to another provider or school. I understand and agree that in applying for this support, I will automatically be registered with the Wirral Children Centres. |
| Parent/Carer Signature |  |
| Print Name |  |
| Date |  |

**Section A – Child’s Details**

|  |  |
| --- | --- |
| Full Name  |  |
| Date of Birth  |  | Age (years/months) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the child receive Disability Living Allowance (DLA)? | YES |  | NO |  |
| Does the child receive Disability Access Fund (DAF)? | YES |  | NO |  |
| Does the child have an EHCP? | YES |  | NO |  |
| Does the child have a PFA (if in a school setting)? | YES |  | NO |  |

**Section B – Provider Details**

|  |  |
| --- | --- |
| Name of Provider  |  |
| Contact Name*(Manager or SENCo)* |  |

|  |  |  |
| --- | --- | --- |
| Are you requesting a change from the original/first application? | **YES** | **NO** |
| **Go to Section C** | **Go to Section D** |

**Section C – Inclusive Practice Fund Request**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the provider applying for an increase in hours? | YES |  | NO |  |
| Please state number of hours: |  |
| Is the child transferring to another Early Years Provider? | YES |  | NO |  |
| Please indicate the Provider: |  |

|  |  |
| --- | --- |
| Does the child attend any other Early Years provision? If ‘Yes’ please give details |  |
| Is the funding split between the settings? Please state hours per setting.  |  |

**Section D – Declarations and Privacy Notice**

Document Checklist

**Please attach:**

|  |  |
| --- | --- |
| Document Type | X |
| **Summer Impact Report inclusive of:** 1. ‘How Do You Support My Learning?’ Provision Map (if changed)
2. Assess, Plan, Do Review – Summative Review Sheet
 |  |

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 have consulted with my designated Early Years SEND Officer and made them aware of this application
* 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 will inform the Early Years SEND Team if an EHCP/PFA is approved as soon as I am notified.
* I have read and understood the Privacy Notice above for Wirral council.

|  |  |
| --- | --- |
| Manager/SENCo Signature |  |
| Position |  |
| Print Name |  |
| Date |  |

|  |
| --- |
| **OFFICE USE ONLY** |
| Date Application Received |  |
| Before Panel Deadline | YES |  | NO |  |
| Date to Panel |  |