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

**Please ensure you have read the ‘Guidance for Providers’ document 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 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) |  |
| Home Address |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the child ‘Looked After’? | YES |  | NO |  |
| Does the child have English as an Additional Language (EAL)? | YES |  | NO |  |
| Does the child currently access 2-year-old funding? | YES |  | NO |  |
| **Please provide ‘AF’ code:** |  | | | |
| Does the child currently access 3/4-year-old **Universal** funding? | YES |  | NO |  |
| Does the child currently access 3/4-year-old **Extended** funding? | YES |  | NO |  |
| Does the child receive Disability Living Allowance (DLA)? | YES |  | NO |  |
| Does the child receive Disability Access Fund (DAF)? | YES |  | NO |  |

**Section B – Provider Details**

|  |  |
| --- | --- |
| Name of Provider |  |
| Home Address |  |
| Ofsted Registration Number |  |
| Last Inspection Date and Grade Received |  |
| Contact Name  *(Manager or SENCo)* |  |
| Contact Number |  |
| Email Address | *(Correspondence will be sent to this email address)* |

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

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

|  |  |
| --- | --- |
| Please provide the percentage of attendance that the child has attended for the last term. If the child has been in the setting for less than a term, please state the time period and provide percentage for that period. |  |

**Section C – Inclusive Practice Fund Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| When did/will the child start at the Provider? |  | | | |
| When did/will the enhanced support commence? |  | | | |
| Are you requesting a backdated payment of IPF (within in the current term only)? | YES |  | NO |  |
| How many hours per week is the Provider applying for? |  | | | |
| Are you applying for this as a stretched offer? | YES |  | NO |  |
| If **YES**, how many weeks are you allowing the offer to be stretched across? |  | | | |

|  |  |
| --- | --- |
| 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 – Special Educational Needs and/or Disabilities**

What is the area of need for the child (please tick only one primary need)?

|  |  |
| --- | --- |
| Communication and Interaction |  |
| Cognition and Learning |  |
| Social, Emotional and Mental Health |  |
| Sensory and/or Physical |  |

Please provide a description of the child’s identified Special Educational Needs and/or Disabilities. Include any diagnosis received. Use additional sheets if required and refer to exemplar for guidance.

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| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | EHC Needs Assessment | Pupil Funding Agreement |
| Has a request been made for a… ? |  |  |
| If yes, please provide date of request |  |  |
| If yes, has an assessment been agreed? |  |  |
| If yes, has a plan been agreed? |  |  |
| If so, what date will the funding be in place for at your provision? |  |  |

**Section E – Inclusive Provision**

How have you supported the child through the graduated approach? How do you plan to utilise the IPF to support the child to make progress in their learning and development? Complete the ‘How Do You Support My Learning?’ Provision Map to evidence this (please give as much information as possible).

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|  |

**Section F – Team around the Child**

Please identify the named professionals supporting the child.

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

**Section G – Declarations and Privacy Notice**

Document Checklist

Please include as many documents as possible from the list and tick to confirm attached. Documents in **BOLD** are mandatory to attach.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Document Type | X | OFFICE USE | Document Type | X | OFFICE USE |
| **EY SEND Officer Advice** |  |  | **‘How Do You Support My Learning?’ Provision Map** |  |  |
| **Current Early Years Support Plan and Evaluation** |  |  | **Ages and Stages of Development Tracking** |  |  |
| Meeting minutes from most recent reviews |  |  | WellComm Screening |  |  |
| Early Support Developmental Journal |  |  | Venturing into Play (last page only) |  |  |
| ASC Team report |  |  | Speech and Language Therapy Report/Advice |  |  |
| Community Paediatrician Report |  |  | Physiotherapist Report/Advice |  |  |
| Occupational Therapist report/advice |  |  | Educational Psychologist Advice |  |  |
| Two-year-old Integrated Review (if appropriate) |  |  | Ages and Stages of Development Questionnaire (ASQ) |  |  |
| Other Specialist Report – please specify: | | | |  |  |

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 |  |

Early Years SEND Officer Declaration

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

|  |  |
| --- | --- |
| SEND Officer Signature |  |
| Print Name |  |
| Date |  |

**Submission**

**Postal**

Please affix the correct postage to the application – incorrect postage paid items will not be collected. We recommend posting by secure forms. Postal submissions received after the deadline will not be considered until the next Panel date.

FAO Early Years SEND Team

Rock Ferry One Stop Centre

257 Old Chester Road

Rock Ferry, Birkenhead

CH42 3TD

**Email**

Submit via the Wirral email address: [eysend@wirral.gov.uk](mailto:eysend@wirral.gov.uk)

Please note the signatures must be penned therefore this part of the document must be scanned or posted.

**Drop Off**

Submissions can be handed in to the Rock Ferry One Stop Shop (address above). At the Reception, please hand over the paperwork or ask them to call extension **3980.**

**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.

**Receipt and Decision**

Due to the amount of applications we receive, we are unable to confirm receipt. If you require confirmation, please contact the Team. Decisions will be issued to the email address provided in this application, please allow 10 working days before enquiring.

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