SEND Inclusion Funding Application Form

Early Years SEND Team

CROYDON

Important: This form is only to be completed when requesting funding. Once completed, please send to your Locality Lead via email.

TO BE COMPLETED BY SETTING

Child's Personal Details

Name: *Enter child's full name*	**Date of Birth:** *DD/MM/YYYY*
Home address: *Enter address*	**Home language/s:** *Enter language/s*

☐ Child receives DLA	☐ Setting receives DAF	☐ Child is Looked After

Setting Details

Name of provider: *Enter provider name*	**Address:** *Enter setting address*

SENCO Details

Name: *Enter name*	**Email:** *Enter email*	**Telephone Number:** *Enter number*

Type of provider *Please tick one*

☐ Day Nursery	☐ Nursery class in maintained school
☐ Pre-school	☐ Maintained Nursery school
☐ Independent School	☐ Childminder

Details of attendance *Include hours of attendance, e.g. 9.00am - 12.00pm*

Start date at setting:
DD/MM/YYYY

Monday	Tuesday	Wednesday	Thursday	Friday
Hours	*Hours*	*Hours*	*Hours*	*Hours*

Please give details of the ratio of the room/setting the child is in (i.e. Baby Room, 1:4):

Click or type response here...

Is the child entitled to receive Government funded hours? Please state number of hours. *Enter details*	**If they are accessing less than their entitled hours, please say why.** *Enter reason*
Child's average attendance in the last 6 weeks: *Enter attendance*	**Does the child attend any other settings? If yes, please state which ones:** *Enter details*

Further Information Required for Funding Request

Have you previously applied for funding for this child?
Yes / No - if yes, provide brief details

Child's Primary Need(s) and Educational Support Requirements
Please indicate the child's primary need(s) (e.g. Global Developmental Delay, PMLD, Autism, Down Syndrome, SCD, Physical) and provide an overview of their educational and support needs within the setting.

Click or type response here...

Agencies involved Please tick all that apply and add details where relevant

☐ Physiotherapist	☐ GP

☐ Paediatrician	☐ Health Visitor
☐ Portage	☐ Occupational Therapist
☐ Speech & Language Therapist	☐ Other - e.g. EP, hearing/visual impairment specialists

Please give details of agencies involved, previously and currently, working with the child:

Click or type response here...

☐ Please confirm the child has been added to the setting SEND register

Health / Medical Needs

☐ Diagnosis	☐ Equipment
☐ Health Care Plan	☐ Risk Assessment
☐ Known to TULIP or Children's Hospital at Home Team	

Please provide relevant health / medical details:

Click or type response here...

Use of Notional SEN Inclusion Funding

Please provide details of how Notional SENIF has been allocated within your setting to meet this child's identified needs

Click or type response here...

You may wish to include: staffing or enhanced ratios; targeted interventions; resources or equipment; environmental adaptations; staff training/coaching; and the impact of this support to date.

Allocation of Funding

Please provide details regarding why you are requesting SENIF now and, if awarded, how the funding would be used to support the child in your setting.

Click or type response here...

Supporting Evidence

☐ Please confirm the Support Plans / SEND Support File clearly demonstrate the Assess, Plan, Do, Review cycle, including differentiated activities, strategies, resources, enhanced ratios tried and an impact report where applicable.

☐ Please confirm the Ordinarily Available Provision document has been consulted and necessary provision / adjustments have been implemented prior to this request.

☐ Please confirm that a referral for this child has been submitted to the Early Years SEND Team

Required documents attached

☐ Support Plans and Reviews - evidencing a minimum of 2 cycles of support

☐ Current Assessment Overview (tracking)

☐ Provision Mapping

Parent / Carer Consent

☐ Please tick to confirm that the parent/carer has agreed this application for funding

Additional comments or information to support this application:

Click or type response here...

TO BE COMPLETED BY LOCALITY LEAD

Locality Input

☐ Have the Support Plans / SEND Support File, clearly demonstrating the Assess, Plan, Do, Review cycle, been reviewed by the Locality Lead?

☐ Has the child been observed by the Locality Lead?

Is the daily support required / in place for this child over and above the ordinarily available and expected ratio / resources? Please provide a summary of the provision and support in place at the setting identified through your observations.

Click or type response here...

Is a specialist pathway currently being considered for this child? Please provide further details.

Click or type response here...

Declaration

All information given is complete and true, treated as confidential and stored securely. Any false declaration or misleading statement or any significant omission may make this funding request invalid. All permissions have been received from the relevant parties before information has been shared.

Signatures

Role	Signature	Print Name	Date
Setting's Manager	*Click or type*	*Click or type*	*Click or type*
Locality Lead	*Click or type*	*Click or type*	*Click or type*

FOR OFFICE USE ONLY

☐ Application Successful	☐ Application Unsuccessful
Band awarded: *Enter band*	**Signed:** *Enter name / signature*

Panel comments / conditions / further information:

Click or type response here...