**A person in a garment

Description automatically generated with low confidenceRequest** **for**

**Early** **Years** **Inclusion** **Funding**

**Professionals’ form to request Early Years Inclusion Funding**

Please ensure you have completed all sections and included all of the required paperwork and consent forms before returning this referral (to avoid delay in submission to SEND Panel).

Please return this form with all supporting documents to:

[Isabelle.britten-denniee@cityoflondon.gov.uk](mailto:Isabelle.britten-denniee@cityoflondon.gov.uk)

or [Sarah.moore@cityoflondon.gov.uk](mailto:Sarah.moore@cityoflondon.gov.uk)

Request checklist:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Included? |  | Included? |
| Parental/ Carers/ Young Person’s agreement to assessment |  | Tracking/ Attainment Data |  |
| All relevant assessments/ observations/ reports and diagnosis (up to date, and preferably less than 12 months old) |  | Attendance Record |  |
| Provision Map showing how support is implemented |  | Personal Support Plan or other planning documents |  |
| The views of the parents/ carers |  | Child’s one-page profile |  |

1. Funding Request

Information of person making the request:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Telephone Number |  |
| Role |  | Email address |  |
| Name and Address of Setting |  | Date |  |

Funding requested

|  |  |
| --- | --- |
| Amount of funding requested |  |

Inclusion funding is granted to support settings to meet their responsibilities to provide inclusive practice (Equality Act 2010 and 0-25 SEND Code of Practice 2015). Please tick what you are requesting from the fund (**If the funding is for enhanced staffing and you are applying for support for more than one child, please complete sections 2 - 6 for each child)**:

|  |  |
| --- | --- |
| A financial contribution towards enhanced staffing support |  |
| Resources to purchase specialist equipment or support as recommended in writing by a health professional |  |

**Please note:**

1. For applications for specialist and child specific equipment and resources to be considered - these must be recommended in writing by the appropriate health professional, e.g., physiotherapist or occupational therapist, and include cost. Please attach evidence of recommendation with application.
2. Enhanced support will be paid at the rate of up to £21 per hour for a maximum of 15 hours per week for the term the application was submitted.

|  |
| --- |
| Specialist equipment/resources or training: |

If enhanced staffing is requested, please give details below

|  |  |  |
| --- | --- | --- |
| **Detail of Requested Hours (exact hours each day)** | **Outcomes/Next Steps** | **Strategies/Resources to Support Target/Next Step** (Please detail the activities any additional member of staff will be involved with, related to specific outcomes in the child’s Support Plan) |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |

1. Child’s Personal Information

Child’s Full Name

|  |
| --- |
|  |

Date of Birth

|  |
| --- |
|  |

Gender

|  |
| --- |
|  |

Ethnicity

|  |
| --- |
|  |

Languages Spoken at home

|  |
| --- |
|  |

Is the Child a Looked After Child?

|  |
| --- |
| yes  no |

Religion

|  |
| --- |
|  |

NHS Number (if known)

|  |
| --- |
|  |

Address

|  |
| --- |
|  |

Date the child started in the setting

|  |
| --- |
|  |

Attendance Pattern (number of hours per day and days per week)

|  |
| --- |
|  |
| Term time:  yes  no |

Does the child live in the City of London?

|  |
| --- |
| yes  no |

Home Local Authority, if not the City of London

|  |
| --- |
|  |

Care Authority

|  |
| --- |
|  |

Level of SEND

|  |
| --- |
| Low  Medium  High |

Name of Parent(s)/ Carer(s) with parental responsibility

|  |
| --- |
|  |

Relationship to child

|  |
| --- |
|  |

Contact Number(s)

|  |
| --- |
|  |

Email Address

|  |
| --- |
|  |

Address if different from the child

|  |
| --- |
|  |

Interpreter Required?

|  |
| --- |
| yes  no |

If yes, which language?

|  |
| --- |
|  |

Are the parents/carers in receipt of Disability Access Fund for this child

|  |
| --- |
| yes  no |

Child’s GP’s name and address

|  |
| --- |
|  |

1. External Agencies

Professionals who have or are working with the child and/ or their family

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency/ Role | Name | Current Involvement? | Email Address | Phone Number | Report Included? |
|  |  |  |  |  |  |
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1. Identified areas of Special Education Need

Please use the boxes below to describe the difficulties the child is experiencing and how these are exhibited. Please include what your setting has done to support and address these difficulties to date, including implementation advice from external professionals. Please specify what has/ hasn’t worked and why).

The Panel will use this information to make their decision so please provide all the relevant information, including a diagnosis if the child has one.

|  |  |
| --- | --- |
| Communication and Interaction |  |
| Description of Need: | |
| Link to PfA (Preparing for Adulthood) | |

|  |  |
| --- | --- |
| Cognition and Learning |  |
| Description of Need: | |
| Link to PfA (Preparing for Adulthood) | |

|  |  |
| --- | --- |
| Social, Emotional and Mental Health difficulties |  |
| Description of Need: | |
| Link to PfA (Preparing for Adulthood) | |

|  |  |
| --- | --- |
| Sensory and/ or Physical Needs |  |
| Description of Need: | |
| Link to PfA (Preparing for Adulthood) | |

Expected impact of the funding on the child’s/children’s learning and development

|  |
| --- |
|  |

Parent/ Carer’s Views

|  |
| --- |
| Please briefly explain your concerns, hopes and aspirations for your child, including what you would like them to be able to do as an adult. |
|  |

1. Parental Consent

I confirm that the request for Early Years Inclusion Fund to support my child has been fully discussed with me and that I have read and understand the attached information supporting the request. I agree to the City of London Corporation sharing this information with relevant agencies.

|  |  |
| --- | --- |
| Print Name |  |
| Signature |  |
| Date |  |