**

**Department of Children’s Services**

**Application for Early Years Inclusion Funding**

(April 2024)

**Please use the *Guidance to apply for Early Years Inclusion Funding* to complete this application**

[Early Years Inclusion Funding | Bradford Schools Online](https://bso.bradford.gov.uk/content/special-educational-needs-and-disabilities/0-25-specialist-teaching-and-support-service-stass/social--communication--interaction-and-learning-scil/early-years-inclusion-funding)

**Section 1: School/setting details**

|  |  |
| --- | --- |
| **1.1 Type of application** | **Please select** |
| This is a new application for Early Years Inclusion Funding | Yes / No (please delete) |
| This is an application for continuation of Early Years Inclusion Funding  (previous funding % provided) | Yes / No (please delete)  % |

|  |  |
| --- | --- |
| **1.2 This form has been completed by** | |
| Name and role: | Name:     Role: |
| Contact address: |  |
| Contact email: |  |
| Contact telephone: |  |
| School/Setting: |  |
| Date of application: |  |

**Section 2: Personal details (child and parent/carer)**

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| **2.1 Child Details** | | | |
| Name: |  | DOB: |  |
|  | | | |
| **2.2 Parent/Carer Details** | | | |
| Name: |  | | |
| Relationship to child: |  | Parental responsibility: | Yes / No  \*(delete as necessary) |
| Other - guardianship/ Local Authority: | Name:     (if applicable)  Role: | Parental responsibility: | Yes / No  \*(delete as necessary) |

**Section 3: Involvements from other agencies**

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| --- | --- | --- | --- | --- | --- | --- |
| **3.1 Does the child/young person have involvement from SEN Services or Children’s Social Care?** | | | | | | |
| Education Advice 1 notification? | | Yes / No  \*(delete as necessary) | | Referral made to Early Help? | | Yes / No  \*(delete as necessary) |
| Education Health and Care Assessment submitted? | | Yes / No  \*(delete as necessary) | | Child Looked After? | | Yes / No  \*(delete as necessary) |
| Child in Need Plan or Child Protection Plan in place? | | Yes / No  \*(delete as necessary) | |  | | |
| |  | | --- | |  |   **3.2 Please give details of any professionals/agencies that are currently involved or have been involved with the child** *\*Schools/settings should only submit documentation if they have the author’s consent to do so.* | | | | | | |
| Name | Agency | | Contact details | | Report attached  \*(delete as necessary) | |
|  |  | |  | | Yes / No | |
|  |  | |  | | Yes / No | |
|  |  | |  | | Yes / No | |

**Section 4: Background information with** **views, interests and aspirations of the child and their parent/carer**

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| **Views** |
|  |
| **Aspirations** |
|  |
| **Interests** |
|  |
| **Strengths** |
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**Section 5:** **Special Educational Needs**

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| --- | --- | --- | --- |
| **Area of Need** | **Description** | **Previous developmental levels and date of assessment** | **Current developmental levels and date of assessment** |
| **Cognition and Learning** | **Strengths:**  **Emerging skills:** | **Levels:**  **Date:** | **Levels:**  **Date:** |
| **Communication and Interaction** | **Strengths:**  **Emerging skills:** | **Levels:**  **Date:** | **Levels:**  **Date:** |
| **Social, emotional & mental health needs** | **Strengths:**  **Emerging skills:** | **Levels:**  **Date:** | **Levels:**  **Date:** |
| **Sensory and/or Physical Needs** | **Strengths:**  **Emerging skills:** | **Levels:**  **Date:** | **Levels:**  **Date:** |
|  |  | **Assessment tool used:** | |

**Section 6:** **Bespoke provision**

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| --- | --- | --- | --- |
| **Area of need** | **Reasonable adjustments already utilised, this**  **includes how the provider has used the DAF and / or Early Years Pupil Premium if the child is eligible for these.** | **Desired bespoke provision** | **Enhancement required to implement bespoke provision/strategies identified in previous column.** |
| **Cognition and Learning** |  |  | Mins per area of need  minutes  How often per day    How many times per week    **Total time**  minutes |
| **Communication and Interaction** |  |  | Mins per area of need  minutes  How often per day    How many times per week    **Total time**  minutes |
| **Social, emotional & mental health needs** |  |  | Mins per area of need  minutes  How often per day    How many times per week    **Total time**  minutes |
| **Sensory and/or Physical Needs** |  |  | Mins per area of need  minutes  How often per day    How many times per week    **Total time**  minutes |
| Total amount per week of additional support requested to provide bespoke provision/strategies detailed | | | **All 4 areas of need =**  **Total weekly time:**minutes |

**Section 7: Attendance**

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| --- | --- | --- | --- | --- | --- | --- |
| **7. Please provide details of the total hours per week the child is attending the school/setting to access their under 2/2/3/4 year early education entitlement.**  **N.B Early Years Inclusion Funding is not available for any hours that are paid for childcare.** | | | | | | |
| Type of provision | Hours per week | | Indicate pattern of attendance | | | |
| Under 2 early education entitlement  (from Sept 24) |  | | Term time only  Yes / No  \*(delete as necessary) | | Stretched all year round  Yes / No  \*(delete as necessary) | |
| 2-year early education entitlement |  | |
| 3-4 year early education entitlement |  | |
| When did the child start attending the school/setting? | | | |  | | |
| Is the child attending any other school/setting? If yes, please give details | | | |  | | |
| Number of children in the group/room | |  | | Number of adults in the group/room | |  |
| Holidays with start & end of term/s for the requested funding period: | | **Autumn** | | **Spring** | | **Summer** |

**Section 8: Access to funding**

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| **8.1 Continuation request: Staffing enhanced to provide bespoke strategies as detailed in section 6** |
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| **8.2 How has the enhancement had a positive impact on the child?** |

**Section 9: Additional documentation attached with the application**

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| --- | --- |
| **9. Please indicate what additional documentation is being submitted with this application.** | **Please indicate with ‘yes’ if applicable** |
| Child focused risk assessment, if applicable |  |
| Health care plan, if applicable |  |
| My Support Plan |  |
| Individual Education Plan |  |
| Other (please state) |  |

**Section 10: Provider declaration**

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| --- | --- | --- | --- |
| **10. By signing the following declaration the provider agrees to the following terms and conditions of Early Years Inclusion Funding:** | | | |
| * Any approved Early Years Inclusion Funding must be spent solely on enhancing staffinglevels above the statutory ratios to support the inclusion of the named child as detailed in this application. * The provider should maintain accurate financial and non-financial records relating to the expenditureof Early Years Inclusion Funding, including details of the child’s attendance and enhanced staffing levels. The provider should give Bradford Council access on reasonable notice to such records, subject to confidentiality restrictions. * The providers should complete any monitoring or evaluation forms, documentation/pathway submission such as an EHCA request as suggested. * The provider must inform Bradford Council if a child in receipt of Early Years Inclusion Funding leaves their setting/school (permanently or prolonged absence) or a final EHCP is issued. Details of this must be submitted in an email to [earlyyearsinclusionfunding@bradford.gov.uk](mailto:earlyyearsinclusionfunding@bradford.gov.uk). Any overpayment or underspend of EYIF will be reclaimed by Bradford Council by the issue of an invoice. | | | |
| Signature: |  | Position in school/setting: |  |
| Date: |  | | |

**Section 11: Parental/carer consent**

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| --- | --- | --- | --- |
| I give consent to this application and supporting documentation being submitted to request Early Years Inclusion Funding to support my child in a school/setting. \**Applications without parent/carer consent cannot be submitted to the monthly funding panel meetings.* | | | Yes / No  \*(delete as necessary |
| I understand that the information may be used anonymously for monitoring purposes. | | | Yes / No  \*(delete as necessary |
| Parent/carer signature: | Sign: ………………………………………………………………..  (written, not electronic) | Date: |  |

For details of how Bradford Council collect and use your personal information see General Data Protection Regulations (GDPR) - <https://www.bradford.gov.uk/privacy-notice/>

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| **Submission of applications**  All Early Years Inclusion Funding applications must be submitted via Galaxkey secure email to: [**earlyyearsinclusionfunding@bradford.gov.uk**](mailto:earlyyearsinclusionfunding@bradford.gov.uk)  Applications received after the given deadlines will be submitted to the EYIF panel meeting the following month. Information not fully provided will result in the submission being declined at panel. |