**

**Department of Children’s Services**

**Application for Early Years Inclusion Funding**

(September 2019)

(This form can be used as supporting evidence for an Education, Health and Care Assessment)

**Section 1:**

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| **1.1 Type of application** | **Please select** |
| This is a new application for Early Years Inclusion Funding |  |
| This is an application for continuation of Early Years Inclusion Funding |  |

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| **1.2 This form has been completed by** | |
| Name and job title: |  |
| Contact address: |  |
| Contact email: |  |
| Contact telephone: |  |
| Signature: |  |
| Date: |  |

|  |  |
| --- | --- |
| **1.3 School/Setting Information** | |
| School/Setting: |  |
| Contact address: |  |
| Contact email: |  |
| Contact telephone: |  |

**Section 2: Personal details**

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| **2.1 Child Details** | | | |
| Name: |  | Gender: |  |
| DOB: |  | Ethnicity: |  |
| Home address: |  | | |

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| --- | --- | --- | --- |
| **2.2 Parent/Carer Details** | | | |
| Name: | Relationship to child: | Parental responsibility: | Address (if different to child’s): |
|  |  | Yes  No |  |
|  |  | Yes  No |  |
|  |  | Yes  No |  |

**Section 3: Involvements from other agencies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3.1 Does the child/young person have involvement from SEN Services or Children’s Social Care?** | | | | | | |
| Education Advice 1 notification? | Yes | | | No | | |
| Education Health and Care Assessment requested? | Yes | | | No | | |
| Education Health and Care Plan in place? | Yes | | | No | | |
| Referral made to Early Help? | Yes | | | No | | |
| Child in Need Plan in place? | Yes | | | No | | |
| Child Protection Plan in place? | Yes | No | Child Looked After? | | Yes | No |

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| **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\* |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |

**Section 4: ‘This is me’**

(If written in the first person, please indicate if these are the views of; the child/parent/carer/professional).

**Written by:       Date written:**

|  |  |
| --- | --- |
| **4.1 Background information** | |
| My story so far: |  |
| Who I live with: |  |
| My family and important people in my life: |  |
| My health needs or disability: |  |
| **Likes and preferences** | |
| My likes and dislikes: |  |
| What I am good at: |  |
| What is important for me: |  |
| **My Support Needs** | |
| What people do for me: |  |
| What is working well for me: |  |
| What could be better for me: |  |
| How to communicate with me and engage me in decision making: |  |
| **Parents’ Views** | |
| What is working for my child now: |  |
| What is not working so well for my child at the moment / what worries do I have: |  |
| What would make things better for my child: |  |
| What are my goals and aspirations for my child: |  |

**Section 5: Attendance**

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| **5.1 Please provide details of the total hours per week the child is attending the school/setting to access their 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 | |
| 2 year early education entitlement | |  | | Term time only  Stretched all year round | |
| 3-4 year early education entitlement | |  | | Term time only  Stretched all year round | |
| If the child is accessing 30 hours free entitlement do you have Yes  No  a valid eligibility code? | | | | | |
| When did/will 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 | |  |

**Section 6: Special Educational Needs**

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| **6.1 Area of Need: Cognition and Learning**  Provide details of the child’s progress using the EYFS or Early Support Developmental Journal | |
| Previous developmental levels  and date of assessment | Current developmental levels  and date of assessment |
|  |  |
| Describe what the child can do now: *Strengths* | |
|  | |
| Emerging skills, knowledge and barriers to learning: | |
|  | |

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| **6.2 Area of Need: Communication and Interaction**  Provide details of the child’s progress using the EYFS or Early Support Developmental Journal | |
| Previous developmental levels  and date of assessment | Current developmental levels  and date of assessment |
|  |  |
| Describe what the child can do now: *Strengths* | |
|  | |
| Emerging skills, knowledge and barriers to learning: | |
|  | |

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| **6.3 Area of Need: Social, Emotional and Mental Health Needs**  Provide details of the child’s progress using the EYFS or Early Support Developmental Journal | |
| Previous developmental levels  and date of assessment | Current developmental levels  and date of assessment |
|  |  |
| Describe what the child can do now: *Strengths* | |
|  | |
| Emerging skills, knowledge and barriers to learning: | |
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| **6.4 Area of Need: Sensory and/or Physical Needs**  Provide details of the child’s progress using the EYFS or Early Support Developmental Journal | |
| Previous developmental levels  and date of assessment | Current developmental levels  and date of assessment |
|  |  |
| Describe what the child can do now: *Strengths* | |
|  | |
| Emerging skills, knowledge and barriers to learning: | |
|  | |

**Section 7: Reasonable adjustments**

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| **7.1 Please describe what interventions have been put in place to support the named child to access learning and/or the environment in your school/setting, including details of any referrals that have been made to other agencies and the outcome.** |
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**Section 8: Outcomes and Provision**

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| **8.1 Area of Need** | **8.2 Outcomes** | **8.3 Provision** | **8.4 Additional input provided/to be provided per week (hours/mins)** |
| Cognition and Learning | By the end of … |  |  |
| Communication and Interaction | By the end of … |  |  |
| Social, Emotional and Mental Health | By the end of … |  |  |
| Sensory and/or Physical | By the end of…  *e.g. By the end of the March X will be able to stand independently for 2 minutes without adult support.* | *e.g. a practitioner will encourage and supervise X to practice using their walking frame independently during outdoor play each day.* | *e.g. 45 mins pw*  *(5 x 15 mins sessions pw)* |
| Total hours child attending early education entitlement per week | | |  |
| Total amount of additional support being provided/to be provided per week (hrs/mins) | | |  |

**Section 9: Access to funding**

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| **9.1 Prior to this funding application has a claim been made to access any additional funding for the named child?** | |
| Early Years Pupil Premium | Yes  No  If no, please state the reason |
| Disability Access Fund | Yes  No  If no, please state the reason |

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| **9.2 Please give details of Early Years Inclusion Funding being requested to enhance staffing levels in the school/setting.** *\*Funding will not be allocated from a start date prior to the EYIF meeting that it is being considered at.* | | | |
| When is funding being requested from\* |  | When is funding being requested until? |  |
| How many hours of funding per week are you requesting?  *\*The panel will translate this into a % of funding based on the hours a child attends their early education entitlement per week.* | | |  |
| *NB. Allocation of funding is subject to the availability of Early Years Inclusion Funding at the time of consideration by the panel. It is the responsibility of the school/setting to ensure that application forms are completed accurately. Any underpayment as a result of incorrect information provided cannot be subsequently rectified.* | | | |

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| **9.3 If this is a request for continuation of funding please give details of how the previous Early Years Inclusion Funding has been used.** |
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**Section 10: Additional documentation required**

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| **10.1 Please indicate what additional documentation is being submitted with this application.** | **Please select** |
| Child focused risk assessment *(compulsory documentation and must be submitted with each application*) |  |
| Health care plan, if applicable |  |
| Additional information, (please give details) |  |

**Section 11: Provider declaration**

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| **11.1 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, as requested. * The provider must inform Bradford Council if a child in receipt of Early Years Inclusion Funding leaves their setting/school. 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. This may be deducted from future EYIF payments or if applicable, will be recoverable by the issue of an invoice. | | | |
| Signature: |  | Position in school/setting: |  |
| Date: |  | | |

**Section 12: 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.* | | |  |
| I understand that the information may be used anonymously for monitoring purposes. | | |  |
| I give consent for my child to be part of a longitudinal study to monitor the impact of Early Years Inclusion Funding. | | | Yes  No |
| Parent/carer signature: |  | 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 requests should be submitted via Galaxkey secure email to: [**earlyyearsinclusionfunding@bradford.gov.uk**](mailto:earlyyearsinclusionfunding@bradford.gov.uk)  In exceptional circumstances applications can be hand delivered or sent by recorded delivery to: **EYIF Project Support Officer c/o 3rd Floor, Margaret McMillan Tower, Princes Way, Bradford, BD1** **1NN**  Applications received after the given deadlines will be submitted to the EYIF panel meeting the following month. |