

EARLY YEARS INCLUSION FUND APPLICATION FORM TO SUPPORT A CHILD IN EARLY YEARS PROVISION

Please read guidance notes before completing this form

Please confirm that the decision to make this application has been discussed with an external agency (e.g. Early Years SEN Specialist Teacher/Practitioner; Educational Psychologist)

Signed Manager Date

Name of the external professional... ..

The funding is available to promote the inclusion by Early Years Providers of children with SEND

The completed form must be shared with parents.

Section A – Child’s details

Child’s Name: Date of Birth:

Child’s home address:

.....Postcode:

Date child started the provision:

Is the child Looked After (in Public Care)?

Does the child have English as an Additional Language (EAL)?

Does the child currently access 2 Year Old Funding?

Do parents/carers receive Disability Living Allowance for the child?

Yes	No

Details of the Early Years Provider making this application:

Name of Early Years provision:

Address:

.....

..... Post Code:

Contact Name:

Contact Number (Early Years Provision):

Email address.....

Ofsted Registration Number:

Section B - Child's attendance at Early Years provision – please give times attended:

Monday	Tuesday	Wednesday	Thursday	Friday

Are these hours being accessed by a standard offer (38 weeks per year)?	Yes	No
Are these hours being accessed by a stretched offer (47.5 weeks per year)?*		

Does the child attend any other Early Years provision? If so please give name(s):

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Section C - Description of child's Special Education Needs (see guidance notes):

Section D – Assessment within the Early Years Foundation Stage:

Area of Learning Prime and Specific	Date	Actual Age (in months)	Age and Stage Band	*E	*D	*S
PSED – Making Relationships						
PSED – Self Confidence and Self Awareness						
PSED – Managing Feelings and Behavior						
PD – Movement and Handling						
PD – Health and Self Care						
CL – Listening and Attention						
CL – Understanding						
CL – Speaking						
Mathematics						
Literacy						
Understanding of the World						
Expressive arts and design						

***Key: E- Emerging D – Developing S – Secure**

Section E - Please give details of any provision which you have made to promote inclusion.

This could be: access to different learning materials, additional staffing (including volunteers or paid staff) special equipment, staff development and training, which you have already provided.

Specific area of difficulty	Nature of support/intervention	Evaluation	Next Steps
Communication - Understanding			
Communication: Listening and Attention			
PD: Making relationships			
C&L: Speaking			

Section F- Support Services involved with the child

Service/Professional	Name	Service/Professional	Name
Early Years SEN Specialist Teacher/Practitioner			
Educational Psychologist			
Sensory support: Teacher of the Deaf or Qualified Teacher of Visually Impaired			
Speech and Language Therapist			
Other – please specify			

Section G - Details about the child's learning environment. Please indicate:

Record the number on a typical session the child attends. Record if they are due to move to a different room

Age	0-2yrs	2-3yrs	3-4yrs
No. of children in the child's room			
No. of staff routinely in this room (do not include staff funded by the local authority)			
No. of staff already funded by EY Inclusion Fund			

Section H - What additional provision do you need to make for this child to enable them to fully access the Early Years Foundation Stage?

If staffing ratios are enhanced, how will the setting use the additional support?

Section I – Checklist for paperwork to include

Paperwork Copies	√	Paperwork Copies	√
Meeting notes/review information from last 2 reviews. Include dates of reviews.		EYSEN Teacher report/record	
Current APDR targets		Educational Psychologist Consultation Record/School Visit Record	
2 year old progress check (if appropriate)		Speech and Language Therapy report/record	
Community Paediatrician report		Other specialist report	

Section J – Declarations and payment

Please record here if a request has been made for a statutory assessment

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Declaration

- I confirm that I have read and understood the Guidance Notes and that I accept the conditions attached to any funding made.
- I confirm that I have shared this form with the child’s parents/carers.
- I confirm that this application is accurate and any funding granted will be used for the purposes indicated.
- I confirm I have included a copy of the current EYE Parental Declaration Form and agree to provide an updated copy should the hours change from point of application to access.
- I am aware that I must keep receipts and evidence of actual expenditure, which may be requested in future. I accept that should these not be available or evidence indicates that the grant was not used for the agreed purpose that the grant must be repaid in full.

Owner/Manager/SENCo:

Name: Signed:

Position: Date:

You can send a completed application form securely to:

map@cs.walsall.gov.uk

Or post to:

EDC Admin
EDC,
Pelsall Lane,
WS4 1NG