**Slough Early Years Service**

**Special Educational Needs Inclusion Grant**

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Use only** | **Outcome** | **Awarded amount** | **Panel date** |
| Amount requested: |  |  |  |
| Grant Ref: | **Approval signature:** | | **Resubmission date:** |
| **Provider notified of the outcome:** | |

**Application Form**

**Contact details**

|  |  |
| --- | --- |
| Setting name: | |
| Contact name: | |
| Position: | |
| Address: | |
| Telephone: | Post Code: |
| Email: | |

**Date submitted:**

**Signed:**

**Print name:**

*Please note this page will be removed before submitting to the panel*

|  |  |
| --- | --- |
| **Office Use Only** | |
| **Reference** |  |

**Slough Early Years Service**

**Special Educational Needs Inclusion Grant**

**Application Form**

**Setting type**

Day nursery Children’s Centre

Pre-School Childminder

Nursery School Nursery Class in a Primary School

**Numbers of children attending the setting who:**

|  |  |
| --- | --- |
|  | Number of children |
| Are 2 years old (current numbers on roll) |  |
| Are 3 & 4 years old (current numbers on roll) |  |
| Have an Education, Health and Care plan |  |
| Are working towards an Education, Health and Care plan |  |
| Are in receipt of 1:1 inclusion funding |  |
| May have SEND but have not yet started the process for an Education, Health and Care plan |  |
| Are in receipt of the Disability Access Fund |  |

**Application Information**

|  |  |
| --- | --- |
| **Type of application** | **Please tick** |
| Resources or equipment |  |
| Training |  |
| Additional capacity for an individual child |  |
| Additional capacity for a group of children |  |
| Other |  |

£

In total how much grant money is the setting applying for?

Please provide evidence of the need for this grant including an explanation of why this intervention is in addition to the overall provision.

**All children’s details must be anonymised in order for us to share with the panel.**

Ensure that within this section you are clearly linking the need for the intervention with the development needs of the child/ren, evidence in accordance with the EYFS. State how the request for funding meets the needs of the child/ren and explains why this is the best option available.

Where applicable please provide a breakdown of what the grant will be used for:

|  |  |
| --- | --- |
| **Description** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total:** | |

How many children will benefit from this grant?

If you are applying for this inclusion grant for a child/ren in receipt of EYPP, DAF or any other SEN funding, please outline how these funds will complement each other?

If one specific child will benefit from this grant please provide the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of days/hours attending:  *Please show weekly attendance*  *pattern* | **MON** | **TUES** | **WED** | **THUR** | **FRI** |
|  |  |  |  |  |
| Does this child attend term time only or all year round: | | | | | |

Child’s start date at the setting

Date:

Local Offer was last updated

Do you require a priority process and need a 7 working day panel turn around? *You will need to add a statement to your application explaining why this is needed.*

Please Tick if required

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Endorsement

*To be completed by the Early Years Senior Area SENCo, Early Years Advisory Teacher, SEN Advisory Teacher, Early Years Development Worker or other professional*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supporting evidence**

In order to support your application you may choose to provide relevant supporting evidence, such as:

* An Inclusion Policy
* Risk Assessment
* Summary of the co-production planning meeting
* IEP information
* Proof of application to other funding streams that have been unsuccessful
* Evidence of external support
* Images of resources or equipment
* An outline of the training packages required
* Support for the request and evidence of it’s benefit from other professionals engaged with the setting

***In order to share children’s personal data with a third party you are required to comply with the Data Protection Act 2018. Please ensure you have written permission from all parents before you share any personal information with the local authority, this permission must be restated for each different type of contact.***

**Slough Early Years Service**

**Special Educational Needs Inclusion Fund – Tier 1**

|  |  |
| --- | --- |
| **Office Use only** | |
| Amount of Funding provided: | Grant Ref: |

**Impact Report Form**

**Contact details**

|  |  |
| --- | --- |
| Setting name: | |
| Contact name: | Position: |
| Address: | |
| Telephone: | Post Code: |

**Type of setting**

Day nursery Children’s Centre

Pre-School Childminder

Nursery School Nursery Class in a Primary School

**The Inclusion funding was used to:**

|  |
| --- |
| *Please indicate whether you adhered completely to your original proposal. If the money was used for different and / or additional purposes please state clearly the difference and the reasons for the change.* |

**How the child / ren have benefitted from the funding:**

|  |
| --- |
| *Please describe the impact that the funding had on the child or children at your setting. You can refer to anecdotal and / or statistical information to illustrate these statements.* |

Date: