

Early Years Inclusion Funding Initial Request - Form A

The Early Years Inclusion Fund (EYIF) is funding available to early years providers to support children with special educational needs and/or disability (SEND). The funding is for use in the setting that the child attends and will be given to the provider to be used to support the needs of individual children with SEN

	Yes	No
Have you read the EYIF Guidance document before making this request?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child's parent/carer in agreement to this request?	<input type="checkbox"/>	<input type="checkbox"/>

Child Information

First name(s)	
Surname (in uppercase)	
Date of birth	
Home address	
Postcode	
Email (parent /carers)	
Telephone (parent /carers)	

Placement Information

Name of early years provider (<i>please use Ofsted registered name</i>)		
Email (<i>to be used for all correspondence related to Early Years Inclusion Funding</i>)		
Date child started at provision / due to start (<i>sufficient time should be given to allow for settling</i>)		
Type of placement (<i>please select 'Funded' if the child is in receipt of any type of government funding even if they attend any additional hours that are non-funded</i>)	<input type="checkbox"/> Funded	<input type="checkbox"/> Non-funded
If 'Funded', please select funding type	<input type="checkbox"/>	2- year funded (Bright Futures for 2 year olds)
	<input type="checkbox"/>	2- year funded (15 hour working families entitlement)
	<input type="checkbox"/>	3- and 4- year funded (15 hour universal entitlement)
	<input type="checkbox"/>	3- and 4- year funded (30 hour working families entitlement)
Is child accessing their full government funding entitlement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'No', please state the number of hours the child attends per week		

Please tick reason child not accessing their full government funding entitlement	<input type="checkbox"/>	Not applicable
	<input type="checkbox"/>	Hours not available at provision
	<input type="checkbox"/>	Parental choice
	<input type="checkbox"/>	Reduced Timetable
	<input type="checkbox"/>	Other
If 'Other', please specify		
If 'Non-funded', please state the number of hours per week the child attends		

SEN and Disability Information		Yes	No
Is child in receipt of Disability Living Allowance (DLA)?		<input type="checkbox"/>	<input type="checkbox"/>
If you answered 'Yes' to the above? Please check if child is eligible for Disability Access Fund (For further information go to Slough's Local Offer – Disability Access Fund)		<input type="checkbox"/>	<input type="checkbox"/>
Is child undergoing an EHC needs assessment?		<input type="checkbox"/>	<input type="checkbox"/>
If 'Yes', date EHC needs assessment started			
Primary area of need (please tick/check only <u>one</u> box):			
Developmental Delay (DD)	<input type="checkbox"/>	Personal, Social and Emotional Difficulties (PSED)	<input type="checkbox"/>
Hearing Impairment (HI)	<input type="checkbox"/>	Speech Language & Communication (SLCN)	<input type="checkbox"/>
Visual Impairment (VI)	<input type="checkbox"/>	Social Communication Difficulties (SCD)	<input type="checkbox"/>
Physical Need / Disability (PN/PD)	<input type="checkbox"/>	Autistic Spectrum Disorder (ASD)	<input type="checkbox"/>
Profound & Multiple Learning Difficulties (PMLD)	<input type="checkbox"/>	Medical (M)	<input type="checkbox"/>
Other	<input type="checkbox"/>		
If 'Other', please specify			
Information on diagnosis, disability, medical condition and/or areas of need that have been identified by outside professionals			

What do you consider overall level of need to be? This is an indicator and does not determine the outcome of the SEN Inclusion Fund Panel's decision (please tick/check only one box):

<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Significant	<input type="checkbox"/> Profound/Complex
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Agencies / Professionals child known to (include referral and/or assessment information)

Health Professional	Referred to		Date of referral	Known to		Date of last assessment
	Yes	No		Yes	No	
Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Speech and Language Therapist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Paediatrician (Child Development Clinic)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)						
Education Professional	Referred to		Date of referral	Known to		Date of last assessment
	Yes	No		Yes	No	
Educational Psychologist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Early Years Inclusion / SEND Team	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Sensory Consortium	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)						
Social Care						
Known to Early Help Services	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Known to a Social Worker	<input type="checkbox"/> Yes		<input type="checkbox"/> No			

How do you intend to use the Early Years Inclusion Funding?

<input type="checkbox"/>	To build capacity within the setting with additional staffing to support specific interventions / strategies for the child	
<input type="checkbox"/>	Specialist or one-off training to upskill whole team or staff member(s) linked to individual child's needs	
<input type="checkbox"/>	Purchase of resources / equipment to support specific interventions / strategies	
If you <u>only</u> ticked to 'Purchase resources / equipment' you must provide a description along with total cost		
Description of Resources / Equipment		Total Cost
<input type="checkbox"/>	Other	
If you ticked 'Other', you must provide a description along with total cost		
Description of Resources		Total Cost

Early years provider Declaration

The information provided on this EYIF Request Form is accurate.

I confirm that if the child is in receipt of government funding entitlements that the hours stated in this request are in line with government funding entitlements claimed via the Capita One Provider Portal.

I confirm that the purpose of this request and the content of the form has been discussed/shared with the Parent/Carer and that they understand that the information provided in this form will be discussed by professionals for the purpose of requesting additional funding for their child and that they agree to the sharing of this information. Also, they are aware that it will be held by Slough BC and may be used by the Council and other partner organisations.

I confirm that the Parent/Carer is aware their personal data and that of their child will be processed in accordance with UK data protection legislation on the basis of public duty to comply with legislation such as the Children and Families Act 2014. They have also been made aware of the full Children's Social Care, Education and Early Intervention Privacy Notice available at <https://www.slough.gov.uk/data-protection-foi/privacy-notices>.

Name of professional who has completed Request Form	
Designated role	
Date	

Returning by email:

To ensure compliancy with General Data Protection Regulations (GDRP), please ensure the EYIF Request Form is sent securely to eyinclusion@slough.gov.uk, using a Egress email account.

Returning by post:

Send to:
Early Years
EYIF Request
4th Floor – Observatory House
25 Windsor Road
Slough
SL1 2EL