

## Slough Early Years Service Special Educational Needs Inclusion Grant

Office Use only		Outcome	Panel date	Provider notified
Amount requested:	Grant Ref:			
		Approval signature:		

### Application Form

#### Contact details

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

#### Type of setting

Day nursery	<input type="checkbox"/>	Children's Centre	<input type="checkbox"/>
Pre-School	<input type="checkbox"/>	Childminder	<input type="checkbox"/>
Nursery School	<input type="checkbox"/>	Nursery Class in a Primary School	<input type="checkbox"/>

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

	Number of children
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

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 who is 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:	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>
<i>Please show weekly attendance pattern</i>					
Does this child attend term time only or all year round:					

Child's start date at the setting

Local Offer was last updated  Date:

### Endorsement

*To be completed by the Area SENCo, Early Years Advisory Teacher, Development Worker or School SENCo*

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

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

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

Comments:

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

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

### **Supporting evidence**

In order to support your application you may choose to provide relevant supporting evidence, such as those items below in the examples.

- 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