**INCLUSION FUND APPLICATION**

**Child’s details:**

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| --- |
| Child’s Name: Date of Birth: Born before 28 weeks? Y / N  |
| Gender:  |
| Home Language: |
| Position in the family e.g. 1st of 3 children: | EHA? Y / NURN: | CLA? Y / N |
| Parent/Carer Name:Email address:Parental Responsibility? Yes / No |
| Child's Home address:Telephone number: |
| Parent/ Carer address if different from above:Email address if different from above:Parental responsibility? Yes / No |

 **Setting details:**

|  |  |
| --- | --- |
| Name and address of setting:Telephone number:Email address: | Name of Manager/Head of Setting:Manager/HoS Email:Name of SENCO:SENCO Email: |
| Date the child started the setting:  | Sessions the child attends: |
| Date eligible for school entry:  | Preferred school (if known): |

**Child's strengths, needs and identified outcomes:**

|  |
| --- |
| Areas of strength and child's interests: |
| Areas of developmental need: |
| Outcomes identified for the child: (outcomes should be SMART and set for a period of 6-12 months) |

**Setting's interventions & impact:**

|  |
| --- |
| Describe the additional provision you have put in place to support the child:(include catch up interventions, reasonable adjustments and SEN Support provision) |
| Describe the difference this additional provision is making for the child:(what's working? What's not working) |

**Parent's/carers views:**

|  |
| --- |
| Parent's/carer's views: |

**Funding Application:**

|  |  |
| --- | --- |
| Please indicate which fund you are applying for:  | **Y / N** |
| Are you applying for **FUND A?** |  |
| Are you applying for **FUND B?** |  |

**Use of funding:**

|  |
| --- |
| How are funds within your setting used to support children with additional needs/SEND? E.g. setting budget etc. |
| Is the child in receipt of Disability Living Allowance? | **Yes / No** |
| Has the setting claimed Disability Access Funding payment for this child?(It is expected that DAF is claimed prior to Inclusion Fund requests for children who are eligible i.e. in receipt of DLA)If **Yes**, or application is pending, please outline how is this being/intended to be used? | **Yes / No** |

**Describe how you will use the Inclusion Fund to support the child in making progress towards the identified outcomes:** You may find the table below useful for Fund A requests – not required for Fund B

|  |
| --- |
|  |

**Fund A:**

|  |  |  |
| --- | --- | --- |
| **Outcomes identified for the child** | **Resources/Training being requested** | **How it is expected the resources/training will support progress towards the outcomes identified** |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional information required:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Essential:** | √ |  | √ |
| Up-to-date Developmental Tracker/detailed EYFS tracking information identifying clearly/precisely the child's level of development |  | Other Professionals sheet |  |
| Targeted Learning Plan with previous TLP which has been reviewed |  | Individual Provision Map (costed) |  |
| **If available:**  |
| Other specialist report/s e.g. Paediatrician, Speech and Language therapist |  | Early Help Assessment / TAF minutes (if applicable) |  |

**Parent/carer consent:**

|  |
| --- |
| So that this request can be discussed by the Early Years Panel we need signatures from the parent / carer / person with parental responsibility and the person requesting this additional support. Parent(s) / Carer(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_(If parent(s) / carer(s) wish, they are also welcome to send comments or additional information directly to the Early Years Panel).The Early Years Panel is made up representatives of a number of local authority services and partner agencies involved with young children. The Early Years Panel includes the Specialist Teaching Service and SEND Team, and may also include Health Clinicians, Therapists, Social Workers, Early Years Providers. Other professionals may also be represented. |

**Setting declaration**

* I confirm that I have read and understood the Inclusion Fund Guidance and that I accept the conditions attached to any funding made.
* I confirm that this application is accurate, and any funding granted will be used for the purposes indicated.
* 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 Inclusion Fund money was not used for the agreed purpose, or alternative appropriate purpose in line with the original request, then they may be required to be repaid.

Owner/Manager/SENCo:

Name: ……………………………………………… Signed: ………………………………………

Position: …………………………………….……… Date: …………………................................

**You can send a completed application form along with additional documentation securely to the appropriate team mailbox for your setting:**

Inclusion.North@lancashire.gov.uk (Lancaster, Wyre & Fylde)

Inclusion.South@lancashire.gov.uk (Preston, Chorley, South Ribble, West Lancs)

Inclusion.East@lancashire.gov.uk (Burnley, Pendle, Hyndburn, Rossendale, Ribble Valley)

**Or post** FAO Early Years Panel **to:**

**Inclusion Service**

**Lancashire County Council**

**County Hall**

**Preston**

**PR1 0LD**

**CATEGORIES OF ETHNICITY**

Please tick the box below that best describes your child’s ethnic background

|  |  |
| --- | --- |
| **I do not want an ethnic background category to be recorded** |  |
|  |
| **White** | **Mixed** |
| British |  | White and Black Caribbean |  |
| Irish |  | White and Black African |  |
| Traveller of Irish heritage |  | White and Asian |  |
| Gypsy/Roma |  | Any other Mixed background |  |
| Any other white background |  | **Asian or Asian British** |
| **Black or Black British** | Indian |  |
| African |  | Pakistani |  |
| Caribbean |  | Bangladeshi |  |
| Any other Black background |  | Any other Asian background |  |
| **Chinese** |  | **Any other ethnic background** |  |
|  |  | Please specify: |