**INCLUSION FUND APPLICATION**

**(Existing STS Involvement)**

**Child’s details:**

|  |
| --- |
| Child’s Name: Tomasz Date of Birth: 1/9/21 |
| Name and address of setting:  The Nursery, 1, XYZ Street, Lancashire |
| Preferred email address: TheNursery@... |
| SENDCo Name: Mrs Jones |
| Application **recommended** in a report by: (please circle/highlight)  Specialist Teacher / Teacher of the Deaf / Teacher for Vision Impairment  Teacher for Multisensory Impairment / Portage Home Visitor |

**Funding Application:**

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

**Use of funding:**

|  |  |
| --- | --- |
| How are funds within your setting used to support children with additional needs/SEND? e.g. setting budget etc.  We have used our budget to provide some specific resources for Tomasz, to facilitate some time for Tomasz's key person to spend with the SLT and to provide some additional 1:1 time for Tomasz with his key person. | |
| 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?  DLA has just been awarded. We will be claiming DAF as soon as we are able to. We intend to use the DAF funding to purchase signing resources as well as resources to support Tomasz's other areas for development, including fine motor, gross motor skills. | **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.

|  |
| --- |
| **Fund B:**  The Inclusion Fund monies will be used to increase the staffing ratio to facilitate more frequent small group and 1:1 opportunities for Tomasz to work with his key person focusing specifically on developing his attention and concentration, plays skills, communication (including signing) and motor skills.  Tomasz's key person will be able to provide additional focused support for adult led activities – encouraging Tomasz to access them, personalising activities appropriately for Tomasz as they go along and supporting him to engage and participate for longer periods of time.  The enhanced staffing ratio will enable all staff to provide more focused intermittent support throughout the session (e.g. 2-5 minutes every 15-20 minutes, responding to opportunities as they arise to engage with Tomasz, facilitate play/interactions etc.), implementing all the strategies and approaches advised. |

**Fund A:**

|  |  |  |
| --- | --- | --- |
| **Outcomes identified for the child** | **Resources/Training being requested**  (include: catalogue refences, webpages, costs etc.) | **How it is expected the resources/training will support progress towards the outcomes identified** |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional information required:**

|  |  |
| --- | --- |
| **Essential:** | √ |
| Individual Provision Map (costed) | √ |

**Setting declaration**

* I have discussed this request with parents/carers/those with parental responsibility and shared the Inclusion Fund Guidance.
* 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 Inclusion Fund monies were 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: Mrs Smith Signed: Mrs Smith

Position: Manager Date: 1/12/24

**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](mailto:Inclusion.North@lancashire.gov.uk) (Lancaster, Wyre & Fylde)

[Inclusion.South@lancashire.gov.uk](mailto:Inclusion.South@lancashire.gov.uk) (Preston, Chorley, South Ribble, West Lancs)

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

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

**Inclusion**

**Lancashire County Council**

**County Hall,**

**Preston**

**PR1 0LD**