**INCLUSION FUND APPLICATION**

**(Existing STS Involvement)**

Fully complete the details section

**Child’s details:**

|  |
| --- |
| Child’s Name: Date of Birth: |
| Name and address of setting:  Say whose report has recommended an IF application – the Panel will check the report to confirm this. |
| Preferred email address: |
| SENDCo Name: |
| Application **recommended** in a report by: (please circle/highlight)  Specialist Teacher / Teacher of the Deaf / Teacher for Vision Impairment  Indicate which Fund you are applying for.  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?** |  |

**Use of funding:**

|  |  |
| --- | --- |
| How are funds within your setting used to support children with additional needs/SEND? e.g. setting budget etc.  You must say whether the child receives DLA and/or DAF  Outline how you use your **own funding** to support children with SEND e.g. buying resources, extra activities, increased staffing 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?  If the child is eligible for DLA, you must outline how you use any DAF funding you already get or what you will do with DAF funding once you get it (if you are waiting for it to be paid, or you are about to apply for it) | **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.

|  |
| --- |
| Here, outline how you are going to use the Inclusion Fund to support the child e.g. provide additional staffing so that you can provide more 1:1 time to support learning and development, work on TLPs etc. |

**Fund A:**

You can use this table if you are applying for Fund A

Describe how you expect the resources or training will help the child achieve the outcomes you have identified in the first column.

|  |  |  |
| --- | --- | --- |
| **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** |
| Add the outcomes the child is working towards in this section. You may have identified these or may have taken them from a Portage play plan or Specialist Teacher report. | You need to detail what resources or training you are requesting. Include weblinks that work, costs of the resources or training, how many people you want training for etc. Make sure you have checked whether there is any free training available – and state that you have done this (you cannot get Inclusion Funding towards the cost of training, you can get it from local services for free e.g. Makaton from NHS SLT). The Panel needs to be able to see what you are requesting and that any training is reputable. |  |
|  |  |  |
|  |  |  |

**Additional information required:**

|  |  |
| --- | --- |
| **Essential:** | √ |
| Individual Provision Map (costed)  Remember to attach an individual provision map |  |

**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: ……………………………………………… 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](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**