**INCLUSION FUND APPLICATION**

Fully complete the details section

**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 / N  URN: | 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:**

Briefly describe the child's strengths and interests – what are they good at, what do they do well, what do they like etc.

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| Areas of strength and child's interests: |
| Areas of developmental need:  Briefly describe the child's difficulties and delays – what do they find difficult or struggle with, which areas are not in line with age related expectation (AREs) |
| Outcomes identified for the child: (outcomes should be SMART and set for a period of 6-12 months)  list 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.  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. |

**Setting's interventions & impact:**

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| --- |
| Describe the additional provision you have put in place to support the child:  (include catch up interventions, reasonable adjustments and SEN Support provision)  Briefly describe what you have been doing to support the child so far – what strategies have you used, what additional resources have you purchased, what training have you undertaken etc. |
| Describe the difference this additional provision is making for the child:  (what's working? What's not working)  Briefly describe the impact of the things you have done so far – what difference have they made. |

**Parent's/carers views:**

|  |
| --- |
| Parent's/carer's views:  Encourage parents to add anything they would like to |

**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 – not required for Fund B

|  |
| --- |
| 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.  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.  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.  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.  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. |

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

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

**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  Remember to **attach all essential** information |  | Early Help Assessment / TAF minutes (if applicable) |  |

**Parent/carer consent:**

Remember to **get parents/carers signature** and ensure you **send this with the application**

|  |
| --- |
| 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](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 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: | |