Application for additional funding

Early Years SEN Inclusion Support Fund and Early Years Child Care Provider Agreement

Please ensure all sections of this form are completed and your application is submitted before funding is due to start. EYISF can only fund applications from the date received. Please write or type in black ink.

Funding for term (please only tick one):

* [ ]  One and two
* [ ]  Three and four
* [ ]  Five and six

# Section A – setting (to be completed by the setting)

|  |  |
| --- | --- |
| **Name of Child:** |  |
| **Name of Setting:** |  |
| **Address of Setting:** |  |
| **Telephone number of Setting:** |  |
| **Email address off Setting:** |  |
| **Contact for this application:** |  |

# Section B – Child (to be completed by the setting in consultation with the child’s parents or carers

|  |  |
| --- | --- |
| **Date of birth:** |  |
| **Address:** |  |
| **School Start:** |  |
| **Is the child being seen by ISEND Early Years’ Service?** | [ ]  Yes [ ]  No (please tick one) |

Please provide below the name, organisation and contact details of anyone outside the setting who is supporting the child (e.g. SALT, Physio, Health Visitor etc.) Please also give details of any other settings the child attends.

|  |  |
| --- | --- |
| **Name:** |  |
| **Organisation:** |  |
| **Contact details:** |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Organisation:** |  |
| **Contact details:** |  |

Child’s Area(s) of need or diagnosis and setting concerns:

|  |
| --- |
|  |

# Section C – Attendance (during the period funding is applied for)

|  |  |
| --- | --- |
| **Are you claiming for 30 hours?** | [ ]  Yes [ ]  No |
| **If yes, please give code (evidence required):** |  |
| **Are you claiming for stretched offer?** | [ ]  Yes [ ]  No |

## Times the child will attend (from and to)

|  |  |
| --- | --- |
| **Day of the week** | **Times** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

## Hours the child will attend EYEE funded sessions (including working parents’ entitlement)

|  |  |
| --- | --- |
| **Day of the week** | **Hours** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

## Number of children attending each session

|  |  |
| --- | --- |
| **Day of the week** | **Number of children** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

## Number of other children already receiving EYISF in each session

|  |  |
| --- | --- |
| **Day of the week** | **Number of children** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

## Number of paid staff in each session

|  |  |
| --- | --- |
| **Day of the week** | **Number of staff (paid)** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

## Details of amendments to child’s time tabled hours

|  |
| --- |
|  |

## Tick the strategies already in place to support the child:

|  |  |
| --- | --- |
| **Visuals** | **Tick** |
| Object of reference |[ ]
| Photos |[ ]
| Symbols |[ ]
| Traffic lights |[ ]
| Sand timers |[ ]
| Timeline |[ ]
| Now and next |[ ]
| Choice boards |[ ]
| Other (please specify |[ ]

|  |  |
| --- | --- |
| **Communication techniques** | Tick |
| Use of visuals (see above) |[ ]
| Makaton |[ ]
| Small group activities |[ ]
| Other (please specify) |[ ]

|  |  |
| --- | --- |
| **Environmental structure** | **Tick** |
| Carpet tile or spot to sit on |[ ]
| Sensory resource box |[ ]
| Quiet space |[ ]
| Other (please specify) |[ ]

|  |  |
| --- | --- |
| **Behaviour strategies** | **Tick** |
| EABC chart |[ ]
| Risk assessment |[ ]
| Behaviour plan |[ ]
| Positive reinforcement |[ ]
| Adjustment of hours |[ ]

Tick next to EYS training received by the setting. Please include the date delivered:

|  |  |
| --- | --- |
| **EYS Training** | **Tick and date delivered**  |
| Behaviour, A Therapeutic Thinking Approach |[ ]
| U-Me |[ ]
| Sensory Circuits |[ ]
| Creating a visual environment |[ ]
| Autism |[ ]
| Attention |[ ]
| Downs Syndrome Awareness |[ ]
| EAL |[ ]
| Early intervention |[ ]
| Setting based support plans |[ ]

# Section D – documentation checklist (to be completed by the setting)

All applications must include (your application may be returned unless you include the relevant supporting documentation):

|  |  |
| --- | --- |
| **EYS Training** | **Yes or No (please tick)** |
| A recent Setting Based Plan (SBP) with outcomes completed. Please do not include any documents provided by Early Years (e.g., ISP or Record of Visit) | Yes [ ]  No [ ]  |
| Any recent or appropriate outside agency reports or advice | Yes [ ]  No [ ]  |
| Evidence of receiving 30hrs funding for working parents three to four year olds (see Section C - funding code) | Yes [ ]  No [ ]  |

# Section E – declaration (to be signed by the setting and agreed by Early Years Advisor)

**I confirm that the information provided is complete and accurate and we agree the following:**

1. I understand that the funding made under this scheme is a one-off payment and will not automatically be repeated (although you are welcome to reapply) and settings take responsibilities in ensuring applications are received in good time.
2. I understand that some children may be defined as a higher level of need through their SEND and as such they may receive ongoing financial support, as agreed by an Early Years Advisor, however the setting will still provide an up-to-date application form to support this and update of any changes.
3. Financial/attendance records will be open to inspection by representatives of ESCC if required and this can be carried out without notice
4. I understand it is the setting’s responsibility to notify the Early Years Team in a timely fashion if a child is absent for 10 days or more. In the event of a child not attending, payments may be adjusted.
5. I understand that funding is a contribution towards additional support for a child in the setting and will be reviewed regularly by both the setting and ISEND EYS professionals.
6. As part of the monitoring process, an ESCC representative may make an unannounced visit during the funded period to confirm the child and support are present in the setting.
7. I understand that it is setting responsibility to notify of any amendments i.e. hours, change of setting and that a failure to inform may delay or disrupt payments. Payments cannot be backdated.
8. The guidance document ‘Expectations from settings when receiving EYISF’ has been read and agreed.

|  |  |
| --- | --- |
| Name of SENCO |  |
| Signature (applications without signatures will be returned) |  |
| Date |  |

Data protection – ESCC is registered under the 1988 Data Protection Act in respect of personal data that it holds. Information written on this form is stored on a computer and in paper format for the purpose of assessing, monitoring and auditing the Early Years Inclusion Support Fund. I understand that the information I provide is shared with Early Years Inclusion Support Fund Panel members to enable them to decide on funding needs of the child. The members of the Panel are drawn from Children’s Services. The information may also be shared with other agencies working with the child if we think it will assist the Panel members to make their decisions.

Send completed form to:

**Eastbourne and Hailsham**

Team Leader, ISEND Early Years, Second Floor St Mark’s House, 14 Upperton Road, Eastbourne, BN21 1EP

Sarah.Russell@eastsussex.gov.uk

**Lewes and Coastal**

Team Leader, ISEND Early Years, H Floor, East Block, County Hall, Lewes, BN7 1UE

Laura.Bellamy@eastsussex.gov.uk

**Hastings and Rother**

Team Leader, ISEND Early Years, Third Floor Ocean House, 87-89 London Road, Hastings, TN37 6DH

Trish.Drinkwater@eastsussex.gov.uk