Special Educational Needs Inclusion Funding (SENIF),

Special Educational Needs Enhanced Level Funding (SENELF)

And Early Years Childcare Provider Agreement

APPLICATION FOR FUNDING

* **Please ensure all relevant sections of this form are completed and your application is submitted with the requisite evidence.**
* **Any form with incomplete information or evidence will be returned with a notification stating that it cannot be processed. This may lead to the funding form not being received within a funding period. Payments will not be backdated in these situations.**
* **Please double check all details before submitting.**
* **Please write/type in Black ink**

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| Date of application: | |
| Section A – Setting To be completed by the setting | |

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| **Full name of Setting:** |  |
| **Contact for this application:** |  |
| **Email address of setting applicant:** |  |
| **Address of setting:** |  |

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| Section B – Child To be completed by the setting in consultation with the child’s parents/carers |

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| **Legal name of Child:** |  |
| **Date of birth:** |  |
| **Address:** |  |

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| Section C – Attendance – during the period funding is applied for |

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| Is this child in receipt of extended working families offer? | Yes |  | No |  |  |

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| Does this child have dual attendance? | Yes |  | No |  |  |

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|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| Times the child will attend (From / to) |  |  |  |  |  |
| How many EYEE hours attended per day? |  |  |  |  |  |
| Details of amendments to child’s time tabled hours |  | | | | |

**OFSTED require providers to have arrangements in place to support children with Special Educational Needs and Disabilities and to take into account the Code of Practice. To qualify for access to the SENIF, early years providers must attend a minimum of one inclusion Support Group Meeting per year and be consistently implementing support strategies at an SEN support/targeted level – See SEN Matrix for details. You must also have a clear SEND development plan.**

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| Have you attended or do you plan to attend an Inclusion Support Group Meeting this year? | Yes |  | No |  |  |

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| Is your setting consistently implementing support strategies at a Universal/Targeted level? | Yes |  | No |  |  |
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| Section D – Documentation Checklist: Required for SENIF and SENELF Applications to be completed by the setting |

All applications for SENIF and SENELF must include:

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|  | **Yes** | **No** |
| **A recent Setting Based Support Plan (SBSP) with impact evaluated.**  The plan must contain:   * SMART targets that clearly communicate the skill a child will have achieved * A clear description of what you will do, when you will do it and who will have carried it out * A review of the impact of your work and the next steps   Please do not include any documents provided by the SEND Early Years Service (e.g., ISP or Record of Visit) as we already have access to these.  If you require support on writing a setting-based support plan, then please contact the SEND Early years’ Service. |  |  |

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| |  | | --- | | Section E –SENELF Application requirements and documentation Checklist to be completed by the setting only if you are applying for Enhanced funding for children who meet the criteria |   **OFSTED require providers to have arrangements in place to support children with Special Educational Needs and Disabilities and to take into account the Code of Practice. To qualify for access to the SENELF, in addition to the SENIF expectations the setting must have completed an EYFS SEND audit and be able to clearly demonstrate how they are meeting the expectations of the EYFS and the Code of Practice.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Have you completed an EYFS SEND audit? | Yes |  | No |  |  | | Are you aware of and meeting the expectations of the EYFS and SEND Code of Practice? | Yes |  | No |  |  | |  |  | No |  |  |

All applications for SENELF must include:

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|  | **Yes** | **No** |
| **A clear description of the child’s needs in the four main areas:**   * **Communication and Interaction** * **Cognition and Learning** * **Social Emotional and Mental Health** * **Sensory and Physical**   This can be provided in any format the setting wishes, and we will accept the details in a referral, copies of Additional Needs Plans or EHCNA application forms as evidence.  A Finalised Education Health and Care Plan would also evidence this. |  |  |
| **A detailed breakdown of the enhanced support that you will be providing to the child.**  This can be provided in any format you wish, however it must make clear what actions staff are taking, when they are being undertaken (e.g., day of the week and time), who is carrying them out and how they will have an impact on inclusion for the child.  A Copy of a completed Additional Needs Plan could provide this evidence if completed with the requisite level of detail.  A finalised Education Health and Care Plan would evidence this.  Alternatively, the use of a Provision Map would be acceptable.  All settings are free to evidence this however they wish, as long as it contains all of the necessary information in regard to the support being provided. |  |  |
| **What enhanced provisions will this funding allow you to implement?**  **(Please tick the top 3-5 that you plan to do from this list)**   |  |  |  |  | | --- | --- | --- | --- | | Alternative Communication System, e.g., Communication Book |  | Time for staff to access specialist training courses |  | | 1:1 Adult support at key times to provide specific intervention/support |  | SALT Programme of support |  | | Intensive Interaction |  | OT programme of Support |  | | Early Communication support strategies |  | 1:1 Adult support during periods of dysregulation |  | | Differentiated activities that utilise the child’s Interests |  | A multi-sensory approach to implementing the EYFS |  | | Focussed attention development activities |  | A total Communication approach |  | | Specific activities or interventions to support individual needs. |  | An individualised Sensory diet. |  | | Physical support to engage in learning activities |  | Support for complex medical needs that impact on inclusion |  | | Provision associated with risk assessment/behaviour plan |  | Provision associated with health care plan. |  | | 1:1 support to mediate social relationships and model successful approaches. |  | Co-regulation strategies to support child’s development. |  | | Supportive adult to provide special time to ‘tune in’ to their needs. |  | Other: Please state |  | | | |

All applications should include additional information to demonstrate the child’s level of need and evidence that enhanced support is required to support this child. This list is an example of what it may be helpful to include.

Decisions for allocating funding are purely based on the evidence provided so while there is not a fixed number of supporting documents to include, you must ensure that you are providing evidence that suitably supports your application. For example, if this child was known to display difficult and/or dangerous behaviours and there was not a clear behaviour plan attached, it is unlikely to be agreed. Equally, if they had a medical condition that required intervention, then a health care plan should be attached.

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| EVIDENCE DOCUMENT | **Y/N** |
| A behaviour Plan: detailing Primary, Secondary and Reactive Strategies |  |
| An Educational Psychologist Report |  |
| Developmental Journal Tracker / EYFS Progress Data |  |
| CITES report (if open to any services) |  |
| Formal diagnosis of any development disorder |  |
| Medical reports |  |
| Health Risk Assessment and Health Care Plan (if applicable) |  |
| Reports or Recommendations from any education support services involved  (Excluding the SEND Early Years’ Service) |  |
| Sensory Needs Service (SNS) report (if applicable) |  |
| Social Care assessment (if applicable) |  |
| Evidence of Disability Living allowance eligibility and level of funding allocated. |  |
| A finalised Education, Health and Care Plan |  |
| Other (please specify): Click here to enter text. |  |

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| Anything else you would like to add to support your application before completing the declaration on the next page?  Click here to enter text. |

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| Section E – Declaration **to be signed by the OFSTED Registered Person/Trustee and agreed by SEND Early Years Service** |

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

1. I/We confirm that the ‘SENIF/SENELF Expectations Guidance’ has been read, will be adhered to and that if we are unable to evidence this that funding may be removed and possibly recouped.
2. I/We confirm that, if applying for SENELF we have referenced the SEN Matrix and read the ‘Accompanying guidance on SEN costings for Early Years Providers’ thereby understanding how funding decisions are made, and amounts allocated.
3. I/We understand that the funding made under this scheme is an annual payment across a financial year that will be distributed monthly. It will not automatically be repeated into a new financial year (although you are welcome to reapply). Settings are responsible for ensuring applications are received in the funding period for which they want to begin claiming.
4. I/We understand it is the setting’s responsibility to notify the SEND Early Years Service in a timely manner if a child is absent for 10 working days or more. This is to support a settings safeguarding procedure.
5. I/We understand that funding will generally follow a child to a new setting if they move during a funding period. However, this can be reviewed on a case-by-case basis. It is the settings responsibility to raise matters regarding children’s movement between providers.
6. I/We understand that funding is a contribution towards additional support for a child in the setting and that our setting is committing to implementing appropriate support strategies, which will be regularly reviewed alongside parents and professionals working with the child.
7. I/We understand that as part of the monitoring process, the Local Authority may carry out monitoring visits during the funded period. This will be to ensure the SEND support is in place, confirm the child is attending and review how funding is impacting on progress and development.
8. I/We understand that SENIF/SENELF can be removed if a setting is not able to demonstrate that planned support for the child is in place and that we are meeting the expectations of the EYFS and SEND Code of practice.
9. I/We understand that it is the setting’s responsibility to notify the Local Authority of any amendments to a child’s hours or a change of placement, and that failure to do so may affect payments.

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| **Name of OFSTED Registered Person/Trustee or representative** |  |
| **Signature (Applications without signatures will be returned)** |  |
| **Parent/carer signature** |  |
| **Date** |  |

Data protection padlock symbol.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:**

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| SEND EARLY YEARS Admin  G Floor, East Block  County Hall  Lewes BN7 1UE  **SENDEYS@eastsussex.gov.uk** |