# Local Inclusion Fund: Inclusion Supplement Application

## SEN Code of Practice Category

This form is only to be used for Early Years Settings who care for children whose level of need has changed since entering child specific details on the Provider Portal

**Summer Term 2022 applications can also be made online using the following link:**

[**https://forms.office.com/Pages/ResponsePage.aspx?id=hxj0rDe900WeZUfN5I3IWsURlASJL01Fh\_oaGUQpH4tUOUVQUlhaVkUzT1pOTTdOVVlWRU1MVEpCVy4u**](https://forms.office.com/Pages/ResponsePage.aspx?id=hxj0rDe900WeZUfN5I3IWsURlASJL01Fh_oaGUQpH4tUOUVQUlhaVkUzT1pOTTdOVVlWRU1MVEpCVy4u)

**Autumn Term 2022 applications can also be made online using the following link:**

[**https://forms.office.com/r/NrbhYuEix3**](https://forms.office.com/r/NrbhYuEix3)

### Section A: Childcare Setting’s or School Nursery Information

|  |  |
| --- | --- |
| Setting / School Name |  |
| SENCo / Contact Name |  |
| Phone Number |  |
| Correspondence address |  |
| Postcode |  |
| Email Address for contracts to be sent |  |
| Date of application |  |

This application must be completed with the consent and involvement of the child's parents/carers. Any funding awarded is to increase adult to child ratio and to purchase specific resources (including training) and does not guarantee the child will receive funding when they are of statutory school age. **Parent signatures are required – please see section D.**

### Section B: Supporting Information and Practitioners Signatures

Please ensure that you have attached the following information (we advise that all information is uploaded securely via [Chs Portal to WCF Early Years Inclusion Team](https://capublic.worcestershire.gov.uk/ChS_Theme/NoPermission.aspx)):

|  |  |
| --- | --- |
| 1: A Section C form for each individually named child, including the parent/carer's signature: |  |
| 2: Supporting evidence is available on site for inclusion audit and level of need claimed for (individual planning, outside agency targets etc.) |  |

To be signed by two partners, directors, trustees, management committee members, school head or school SENCo. In the case of sole proprietors, only one signature is required

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Position |  |
| Signature |  | Position |  |

**TERM TIME FUNDING** – NB: You can only apply for one term at a time and forms will need to be resubmitted for following terms.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of children applying for |  | Term you are applying for |  |

### Section C: Child’s Personal Information

Please complete a Section C form for each child you are applying for

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child |  | Is this a continuation funding request | YES NO |
| Date of Birth |  | Is the child receiving NEF? | YES NO |
| Diagnosis of Special needs / disability or emerging need |  | Is the child eligible for the extended NEF entitlement?  Is the funding stretched? | YES NO  YES NO |
| Early Support EYFS Levels Secure/achieved: | PSED: Physical:  Communication: Thinking: | Is the child known to the Pre-School Forum? | YES NO |

Please indicate the funding you are applying for:

|  |  |
| --- | --- |
| 0-5 non NEF: |  |
| Out of School Term Time Only: |  |
| Holiday Provision: |  |
| Challenge to GR4: |  |
| Exceptional:  (please circle) | Delayed Entry / Turned Down Specialist Provision /  On Pre-School Forum Waiting List for Specialist Provision  Meets criteria as advised by WCF VI/HI teams |
| Details of child's NEF hours claimed at your setting: | Hours per day: Number of weeks:  Sessions per week: Stretched Funding: Yes/No |
| What strategies above ordinarily available are you employing to support the child |  |
| Please list any other settings (mainstream or specialist) attended: |  |
| Name and contact details of any other professional or agency supporting the child: |  |
| Please circle the appropriate SEN stage that has been identified: | GR1 / GR2 / GR3 / GR4 / Exceptional  See Ordinarily Available in Early Years Settings Guidance |

### Section D: Parent / Carer Signature

[Upload on the Children’s Services Portal (opens in a new window)](https://capublic.worcestershire.gov.uk/ChS_Theme/NoPermission.aspx) to Worcestershire Children First – Early Years Inclusion Team

I confirm that I am aware that the following childcare provider is applying for inclusion funding to support my child (named below) in 2022-2023 academic year.

|  |  |
| --- | --- |
| Childcare Setting name |  |
| Child’s name |  |
| Parent name (printed) |  |
| Parent signature |  |
| Date |  |
| Contact telephone number |  |

**Please note:**

* That parents/carers are only required to complete this form once a year.
* To return this form on the first instance of applying for funding for the named child.
* The Early Years Inclusion Team will keep it on record for auditing purposes.
* Funding will not be released until parental consent has been gained

|  |  |  |
| --- | --- | --- |
| Term | Deadline for Application Forms to reach Early Years Inclusion office | Funding Meeting Decision Panel Dates |
| Spring Term 2023 | 20th January 2023 | 26th January 2023 |
| Summer Term 2023 | 3rd March 2023 | 9th March 2023 |
| Summer Term 2023 | 28th April 2023 | 4th May 2023 |
| Autumn Term 2022 | 3rd June 2022 | 9th June 2022 |
| Autumn Term 2022 | 30th September 2022 | 6th October 2022 |
| Spring Term 2023 | 18th November 2022 | 24th November 2022 |