**Early Years Inclusion Funding (EYIF)**

**REQUEST FORM** (2025 update)

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| **PART A –** |
| **CHILD’S DETAILS** |
| Surname: First Name:Date of Birth: Sex: M [ ]  F [ ] Address: Postcode:   |
| **SETTING DETAILS**  |
| Setting submitting request:Date of admission into setting: Sessions attending and timings:Does the child attend any other setting? Yes ☐ No ☐,

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| if so, where? |

Has the child accessed Portage support?

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| If so, add Portage worker name with dates |

Is the child accessing the Talking Twos entitlement? Yes ☐ No ☐Is the child accessing the 30hrs childcare entitlement? Yes ☐ No ☐Have parents applied for DLA funding? Yes ☐ No ☐Have you applied for DAF funding? Yes ☐ No ☐ |
| **PARENTAL DETAILS** |
| Name: Name:(Parent carer) (Parent carer)Address: (if different from child details above) Address: (if different from child details above)Postcode: Postcode: |

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| **Brief summary of why the request is being made.** |
| A brief description of the needs of the child and information about what you have done already to support them. Include details of the support/advice provided by the Early Years Advisory Teacher. |
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| **Description of need** |
| **Broad Area of Need\***Please indicate your identified primary area of need using 1. If needed, indicate any other areas of need **in rank order of importance from 2 to 4**, where appropriate. You do not need to rank an area of need that does not apply to the child/young person**.** |
| **Cognition and Learning** | **Communication** **and Interaction** | **Social, Emotional and Mental Health** | **Physical/Sensory/Medical** |
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|  **Primary Area of Need\*** *This may not, necessarily, be a formal diagnosis at this point.* |
| Please provide more specificity by primary areas of need that apply, again using a rank order with 1 showing the primary area of need.**If** an additional need is recorded, this should be ranked 2. |

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| Specific learning difficulties |  |
| Moderate learning difficulties |  |
| Severe learning difficulties |  |
| Profound and multiple learning difficulties |  |
| Social Emotional and Mental Health |  |
| Speech language and communication needs |  |
| Hearing impairment |  |
| Visual impairment |  |
| Multi-sensory impairment |  |
| Physical disability |  |
| Autistic Spectrum Disorder |  |
| Other difficulty |  |
| Down's syndrome |  |

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| **SOCIAL SERVICES INVOLVEMENT** |
| Is the pupil known to Social Services? Yes [ ]  No [ ] Is the pupil in care? Yes [ ]  No [ ] Name of Social Worker: Area:***If the pupil is a Child in Care, please attach evidence that the Social Worker has been consulted about this submission.*****NB: FOR A CHILD IN CARE THE APPLICATION CANNOT BE PROCESSED WITHOUT THE** **CONSENT OF THE SOCIAL WORKER.**\* Has the pupil had a CIN/CP/ Early Help Assessment: Yes [ ]  No [ ] If Yes, please involve the relevant worker/service in planning. |
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| **PART B**  |
| **Please specify the band being requested** *(Please circle)* **Band A Band B Band C** |
| **Briefly describe what the setting will use the additional funding for.** What additional support is required over and above that is already in place?This should consider recommendations of the external professionals you have been working with during the graduated approach. |
| ***Submission Checklist*** - ***Please ensure all of these are ticked and enclosed when making a request for EYIF funding:*** |
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| **Documents to support EYIF application** | **Yes (tick)** | **Dates** |
| Completed EYIF Request Form |[ ]   |
| Completed EYIF Provision Plan |[ ]   |
| Completed Parent Carer Views  |[ ]   |
| Completed child’s Views (***One page profile***) |[ ]   |
| Evidence showing any progress over time following review of APDR |[ ]   |
| Any supporting evidence from external professionals *(education, health, social care, other)* |[ ]   |

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| Copies and details of any assessments/ reports you would like us to consider. |
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| ***Agency*** | **Yes (tick)** | **Dates** |
| ***e.g.*** |  |  |
| Portage | [ ]  |  |
| Early years team (EYAT/ EYCC) |[ ]   |
| CIN/ CP |[ ]   |
| Educational Psychology |[ ]   |
| Behaviour Support Advisory Team |[ ]   |
| SIS |[ ]   |
| Speech and Language Therapy  |[ ]   |
| Physio or Occupational Therapy |[ ]   |
| TAW Specialist Outreach |[ ]   |
| Other (Please specify)  |[ ]   |

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| **PART C** |
| **Setting declaration** |
| * The contents of this referral have been shared with parent carers. Yes [ ]  No [ ]
* All parts of this form have been completed in full. Yes [ ]  No [ ]
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| This form has been completed by:**Name: Job Title****Signed****(Owner / Manager): Date:** **Signed****(SENCo): Date:** |
| **Parent carer consent** |
| **Please tick:**[ ]  I confirm that my child’s educational setting has discussed this request with me and I have been fully informed in the decision to refer my child to the Early Years Inclusion Funding Panel. I understand that:Privacy Notice under the Data Protection Act (General Data Protection Regulations from 26th May 2018)Telford & Wrekin Council are collecting Personal Identifiable Information to enable the best possible advice and support to be provided and to meet the statutory requirements under the Children and Families Act 2014. We need to collect this information in order to consider your request for Early Years Inclusion Panel support. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 -Article 6 (1) b).Telford & Wrekin Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. However, this information will be shared within Telford & Wrekin Council and partners agencies (Department of Education, NHS, Schools/settings, and Early Years providers). For further details on the council’s privacy arrangements please view the privacy page on the council’s website page <http://www.telford.gov.uk/terms>**Signed: Date:(Parent Carer)****Signed: Date:(Parent Carer)** |

Please return this form electronically to eyif@telford.gov.uk

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|  **EARLY YEARS INCLUSION FUND PROVISION PLAN (IFPP)** |
| **Child’s Name** |  | Date of Birth |  |
| School/Setting |  |
| SENCo |  |
| **EY Inclusion Funding (EYIF) Request (Please circle)** |
| **Band A** | **Band B** | **Band C** |
| *Amount agreed* | *(Please complete after confirmation of funding from panel)* |
| *Start Date* |  | *Review Date* |  |

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| **PROVISION and OUTCOMES: linked to areas of need*****Make reference to external agency reports.*** |
| What are the expected **outcomes** that xxx will achieve over the next 12 months. | 1. |
| 2. |
| 3. |
| **Details of provision/ intervention to meet outcomes** | Grouping(Ratio) | Session |
| Duration | Frequency |
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| *Add/ delete rows as appropriate.* |  |  |  |

**Appendix 1**

**EY Inclusion Funding**

**PARENT CARER VIEWS**

You are being asked to share your views, below, because the setting is requesting support from the Early Years Inclusion Funding (EYIF) panel for your child.

The views you provide below will be submitted as part of the setting’s EYIF request.

**You should receive a copy of all the information that the setting submits.**

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| **Child’s name:** | **DOB:** |
| Has the setting informed you why they are requesting support from the EYIF Panel?YES/ NO |
| Have you read the information guide for parent carers about the EYIF Panel?YES/ NO Add Link and QR code to local offer |
| Please provide a description of your child as they are now, including their strengths and any areas where they may need support. |
| What do you think is working well at the moment? |
| Are there any services outside of the setting that are currently supporting you or your child? |
| Is there anything else you would like to tell us that might support this application? |

**Signed: Date:**

**PRINT NAME: (Parent Carer)**