

**Early Years Inclusion Funding (EYIF) REQUEST FORM**

**PART A**

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| **SETTING DETAILS**  Setting submitting request:  Date of admission into setting: Sessions attending and Timings:  Does the child attend any other setting? Yes ☐ No ☐, if so, where?  Is the child accessing the Talking Twos entitlement? Yes ☐ No ☐  Is the child accessing the 30hrs childcare entitlement? Yes ☐ No ☐ |
| **CHILD’S DETAILS**  Surname: First Name:  Date of Birth: Sex: M  F  Address:  Postcode: |
| **PARENTAL DETAILS**  Name: Name: (Parent/Carer) (Parent/Carer)  Address: (if different from pupil) Address: (if different from pupil)  Postcode: Postcode: |

**Brief summary of why the request is being made.**This should focus on a brief description of the needs of the child and information about what you have done already to support the child or young person. Please include details of the support/advice provided by the Early Years Advisory Teacher EYAT.

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**Description of need**

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| Please indicate the primary area of need using 1. Please then indicate any other areas of need in rank order of prevalence from 2 to 4, where appropriate.  (i.e.1 = primary need 2 = secondary need etc.) 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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Please provide more specificity by indicating areas of need that apply again using a ranking order with 1 showing primary area of need.

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| Moderate learning  difficulties |  | Speech and language difficulties |  | Social  difficulties |  | Physical difficulties |  |
| Specific learning  difficulties |  | Autistic Spectrum  Disorder |  | Emotional difficulties |  | Visual impairment |  |
| Severe learning  difficulties |  | Social communication difficulties |  | Mental health  difficulties |  | Hearing impairment |  |
| Profound and  multiple learning  difficulties |  |  |  | ADD/ADHD |  | Medical difficulties |  |

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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 CAF/Early Help (Single 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. (**List what additional support is required over and above that already provided. This should be based on recommendations of the outside professionals you have been working with during the graduated approach). |
| **You are required to submit the following EVIDENCE when requesting EYIF:**   * Description of graduated approach to date including reference to support and written feedback  from outside agencies. * Progress over time and current level of attainment and how that compares to the expectation for children of the same age. * Proposed Early Years Inclusion Fund Provision Plan (EYIFPP) * Parent and child views and how they have been involved in the process.   ***Submission Checklist*** - ***Please ensure that all of these are ticked and enclosed when making a request for EYIF funding:***  Completed EYIF Request Form  Completed EYIFPP  Completed cycles of Assess, Plan, Do, Review (Description of graduated approach) Target Plans  Completed Parent/Carer Views  Copies of current assessments and any relevant written feedback (i.e. CAF/TAC, EYATs, EPs, OT, Physio, SIS, CAMHS, SALT |

**PART C**

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| **Setting declaration**  • The contents of this referral have been shared with parents/carers   • All parts of this form have been completed in full   This form has been completed by:  **Name: Job Title**  **Signed**  **(Owner / Manager): Date:**  **Signed**  **(SENCo): Date:** |
| **Parental/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 [SENDandinclusion@telford.gov.uk](mailto:SENDandinclusion@telford.gov.uk)

Early Years Inclusion Panel

SEND Team

Education, Corporate Parenting and Inclusion

Telford & Wrekin Council

6B Darby House

Telford TF3 4JA

**Appendix 2**

**EARLY YEARS**

**INCLUSION FUND PROVISION PLAN (IFPP)**

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| **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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| **Summary of special educational needs** |
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| **OUTCOMES** | | | | |
| What are the expected outcomes that xxx will achieve over the next 12 months.  *(Please add as many outcomes as required)* | 1. | | | |
| 2. | | | |
| 3. | | | |
| Details of provision/Intervention to meet outcomes | | Grouping  (Ratio) | Session | |
| Duration | Frequency |
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| **Parent / Carer’s view** |
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| **Pupil’s views** |
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| **Staff member responsible for completing the plan** | | |
| Name: | Designation: | Date: |

**Appendix 3**

**EY Inclusion Funding – PARENT/CARER VIEWS**

**You are being asked for your views because the setting are requesting support from the Early Years Inclusion Funding Panel for your child. The views recorded below will be submitted along with the settings request. You should receive a copy of all information that the setting submits.**

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| **Child’s name:** | **DOB:** |
| Has the setting informed you about why they are requesting support from the EY Inclusion Funding Panel  YES/NO | |
| Have you received a copy of the information guide for parent/carers about the EY Inclusion Funding Panel  YES/NO | |
| Please provide a description of your child now including their strengths and areas of difficulties. | |
| What do you think is working well at the moment? | |
| Do you have any services outside of the setting that are helping you at the moment? | |
| Is there anything else you would like to tell us about your family? | |

**Signed:**

**PRINT NAME: Date:  
(Parent/Carer)**