REQUEST FOR EY SEND Inclusion Funding - A1								
Name of child:				Date of bir	th:			
Address of child:								
Is the child in care? (p	lease tick)	Yes	No	Is this a pr address?	otected	Ye	s	No
Name of parent/carer:								
Address if different from above:				Parent/care address:	er email			
Current/proposed Ear	ly Years prov							
Email address and tel	ephone num	ber of EY F	Provider:					
Start date at setting:								
Mandau	Tuesday			imes of attend				Friday
Monday Arrival time:	Tuesday Arrival time	:	Wednesday Arrival time:	Arrival time:	Thursday Arrival time:		Friday Arrival time:	
Departure time:	Departure t	ime:	Departure time:	Departure tin	Departure time:		Departure time:	
Type of Attendance –								
Under 2s 15hrs	Under 2s 30 hrs	2s pla	y& learn	2s (15 hrs)	2s (30 h □	nrs) 3-4s (□	(15 hrs)	3-4s (30 hrs) □
Has the child delayed		ir entry to	Reception cla	ass?				
Is the child in receipt	of DLA? (plea	ase tick)		Yes			No	
Have you claimed Dis	ability Acces	s Funding	?	Yes	Yes No			
If yes, briefly describe	d							
Assessment informatio	'n							
On entry date:	Communic	ation &	Physical	development	Personal,	social &	Cognitio	n & learning
	language.				development			
Current date:	On entry	Current	On entry	Current	On entry	Current	On entry	Current
0-6 months								
6-12 months								
12-18 months								
18-24 months								
24-30 months								
30-36 months								
36-42 months								
42-48 months								

Overview of child's presenting low a	and/or emerging need					
Describe your ordinarily available provision relevant to this application?						
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Intervention Plan						
What are you going to do? (provision & resources)	When will this intervention happen? (frequency and duration,	Who will deliver the intervention? (staffing requirements)				

Essential:	\checkmark
Short note/Current SEN Support Plan	

Setting declaration

- I have discussed this request with parents/carers/those with parental responsibility and shared the Inclusion Fund Guidance.
- I confirm that I have read and understood the EY SEND Funding Guidance and that I accept the conditions attached to any funding made.
- I confirm that this application is accurate, and any funding granted will be used for the purposes indicated.

Owner/Manager/SENCo:

Name:	Signed:
Position:	Date: