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**Exceptional Circumstances Request Application Form**

It is expected that the vast majority of requests for Early Years Inclusion Support Funding (EYISF) or Transition Support Funding (TSF) will be examined in relation to the evidence received. However, in exceptional circumstances it may be necessary to request funding prior to starting or during their induction period.

These circumstances include:

* The child (and family) has recently moved into South Gloucestershire with a documented history of significant or highly complex learning needs.
* An unexpected/sudden and significant special educational need which occurred as a result of a medical condition, an accident, emotional abuse or trauma.
* Some children with highly complex special educational needs and/or disabilities (e.g. physical/medical needs) will require support as soon as they start at an Early Years setting.

Exceptional Circumstances funding requests should be discussed in advance with your Early Intervention Officer (EIO) / Early Years Adviser (EYA) and a team around the child meeting should have been conducted.

Please note the allocation of Exceptional Circumstances funding does not guarantee any further EYISF or TSF funding, the provider will need to complete a full application at the end of the 6 months.

**SECTION 1: Child’s Details**

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| **Child’s name** |  | | |
| **DOB** |  | **Gender** |  |
| **Child’s address including postcode** |  | | |

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| --- | --- | --- |
|  | **Yes** | **No** |
| **Does the family claim DLA for the child?** |  |  |
| **Is the child eligible for EYPP / Pupil Premium?** |  |  |

|  |  |  |
| --- | --- | --- |
| **Current setting /school name** | |  |
| **Setting start date** | |  |
| **Hours per week the child will attend** | |  |
| **Details of child’s previous setting** |  | |

**SECTION 2: Provider Request Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer name** |  | **Setting / school address, including postcode** |  |
| **Job title** |  |
| **Contact email address** |  | **Contact telephone number** |  |

**SECTION 3: Area of Need**

|  |  |  |
| --- | --- | --- |
| **Other professionals involved with the child**  ***Please list all of the professionals currently involved with the child*** | | |
| Role | **Name** | **Report attached Y/N** |
|  |  |  |

|  |  |
| --- | --- |
| **Description of needs**  ***This should include information from the other professionals involved with the child*** | |
| **Communication and Interaction** |  |
| **Cognition and Learning** |  |
| **Social, Emotional and Mental Health** |  |
| **Sensory and Physical needs** |  |

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| --- |
| **Why is an exceptional circumstances application required?**  ***What additional support is needed above SEN support, inclusive practice and provision to meet the needs of this child?*** |
|  |

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| **How will the funding be used support the child?**  *Please indicate how an enhanced transition for the child into the setting will support the needs of the child and ensure the child is able to access their full entitlement hours at the end of the transition period.*  *Consider adult support, the environment, routines etc.*  *Support will be above SEN support and inclusive practice and provision* |
|  |

**Please attach all relevant evidence in support of this application (**see EYISF and TSF Guidance Document for further guidance**)** \*we would expect this to include an induction plan.

**Please do not submit any of the following documentation:**

* Confidential information without appropriate authorisation.  For example, a child protection plan, conference notes or any other notes without authorisation.
* Any original documents (please only send copies).
* Any information that includes names/photographs of other children.

**SECTION 4: Consent**

Early Years settings must ensure that parent/s or carer/s signing the form have parental responsibility and that they have given informed consent for the request to be made.

**N.B. IF NOT SIGNED, THIS REQUEST WILL BE RETURNED**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer name** | **Referrer signature** | **Date** | |
|  |  |  | |
| Please tick to confirm you have discussed this application with your EIO / EYA | | |  |

|  |  |
| --- | --- |
| **Parental/carer consent** | **Please tick**  **ü** |
| **I confirm that my child’s educational setting has discussed this request with me and I have been fully informed in the decision to make a request for Inclusion support funding / transition support funding.** |  |
| **I support the educational setting’s view that a request for Inclusion support funding / transition support funding should be considered.** |  |
| **I understand that I will be updated on the outcome of the application and continue to be involved in the support and planning meetings to provide further information about my child/young person’s special educational needs.** |  |
| **I give consent for information to be shared between professionals within South Gloucestershire Council, Professionals on the ISF and TSF Panel and with health professionals involved in my child’s care for the purposes of an application for Inclusion support funding and ongoing support** |  |
| **I have read a copy of the** [**Privacy Notice**](https://sgca.fusionvle.com/get.php?4L24262525C2629__46454242X724__42429285428262327572U25353282XXa24572350) **and agree to information it contains.** |  |

|  |  |  |
| --- | --- | --- |
| **Parent/carer name and address (please print)** | **Parent/carer signature** | **Date** |
|  |  |  |

**Please upload this form and supporting documentation and send this to** [**accessandresponse@southglos.gov.uk**](mailto:accessandresponse@southglos.gov.uk)