





APPLICATION for Early Years Inclusion Fund IF-02 IDENTIFIED COHORT

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| 1 | Name of setting | |
|---|---------------------------------|--|
| | Date of application | |
| | Name of person completing | |
| | application | |
| | Role of person completing | |
| | application | |
| | Reference number(s) of any | |
| | previous applications for these | |
| | children | |
| | Email address for | |
| | correspondence | |

Type of funding requested

| 2 | | Code | Amount | ✓ |
|---|---|------|--------|---|
| | Enhanced resources/training and CPD for staff | CPDC | £350 | |
| | Enhanced early years ratio | ERC | £1400 | |

Children's details

Add more rows as needed

| 3 | Child's initials | Date of birth | Do you have parental consent to share information? | Does the child attend term time only or all year round? | Number of NEG hours attended per week | Was the child eligible for 2-year-old funding? | Is the child eligible for EYPP? |
|---|---------------------|------------------|--|---|--|--|---------------------------------------|
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Background information

| 4 | What are the primary needs of the group? | | | |
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Assessment information

Please record assessment information below. You can use a range of assessment tools relevant to the cohorts needs. A full range of assessment tools can be found on the VLE under Early Years Providers > 07. Inclusion Fund, or you may have your own setting assessment tools in place.

Please use any subheadings relevant to your chosen assessment tools to summarise level of development and the assessment outcomes.

| | ind the dissessment outcomes. | | | | | | |
|----|---|--------------------------------|------------------------------|------------------|-------|--|--|
| 5 | Childs | Language & | Personal, social & | Physical develop | oment | | |
| | initials | communication | emotional development | | | | |
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| | Assessment | | | | | | |
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| | tools(s) | | | | | | |
| | used | | | | | | |
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| 6 | These children | are assessed as being: | | | ✓ | | |
| | Below age exp | ectations | | | | | |
| | | e expectations | | | | | |
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| 7 | What stratogic | es or programmes of work ha | ave veri ricod? | | | | |
| , | wilat Strategi | es of programmes of work no | ave you useu: | | | | |
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| 8 | If professional | ls are involved, what advice I | have you followed? | | | | |
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| 9 | What changes | have you already made to s | unnort the children's develo | nment? | | | |
| , | What changes have you already made to support the children's development? | | | | | | |
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| 10 | Please include | below any other informatio | n which may help your appli | cation: | | | |
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| 11 | What do you want the funding for? | | | | | |
|----|--|----------------------------|----------------------------|---------------------------|-----------------------|--|
| | | Area of need | Intended outcomes | Intervention & | How this will further | |
| | | | | strategies planned | support progress | |
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| 12 | If fu | nding is for training or r | esources, please give de | tails of what you are pro | oposing to purchase: | |
| | | | , | | O to provide | |
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| 13 | | | ring the funding period | to enable the children to | continue making | |
| | | gress once the funding h | as ceased? | | | |
| | Tim | eline plan: | | | | |
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| 14 | Ном | y will you monitor the in | nnact of your intervention | ons and canture the voice | e of the child | |
| | How will you monitor the impact of your interventions and capture the voice of the child throughout the monitoring period? | | | | | |
| | e.g. SEN plan reviews, shorter assessment period to review interventions and strategies | | | | | |
| | e.g. Selv pluti reviews, snorter assessment perioa to review interventions and strategies | | | | | |
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All applications should be completed electronically and submitted via the VLE locker system. Once uploaded to your locker please email earlyyears@southglos.gov.uk to let us know it's there.

You must have parental consent for every child included in this application. Please keep consent forms in your setting, there is no need to submit these to panel.