





APPLICATION for Early Years Inclusion Fund IF-01 INDIVIDUAL CHILD

Setting details

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 this	
	child	
	Email address for	
	correspondence	

Type of funding requested

2		Code	Amount	✓
	Enhanced resources/training and CPD for staff	CPD	£350	
	Enhanced early years ratio	ER	£900	
	Level 1 support 1-15 NEG hours	L115	£1000	
	Level 1 support 16-30 NEG hours	L130	£1800	
	Level 2 support 1-15 NEG hours	L215	£2000	
	Level 2 support 16-30 NEG hours	L230	£3600	

Child's details

3	Child's name	Date of birth	
	Do you have parental	Does the child attend	
	consent to share	term time only or all	
	information? Ensure	year round?	
	this is uploaded to your		
	locker on the VLE		
	Total number of hours	Number of NEG hours	
	attended per week	claimed per week	
	Was the child eligible	Is the child eligible for	
	for 2-year-old	EYPP?	
	funding?		
	Start date in setting	Concerns first raised	
		by and date	
		(i.e. parent/setting)	
	SEN support started	Current SEN plan	
		number	

Health needs	
(detail if any)	
Social Care	
involvement	
(detail if any)	
LAC, adopted child or	
SGO	
(detail if any)	

Who is involved?

4	Agency involved/referred to	Date	Name of professional
	Health Visiting		
	Educational Psychology		
	Speech and Language Therapy		
	Paediatrician		
	Other		

Background information

5	Timeline of significant events
	This could include background information from home e.g. health, new baby, bereavement, settling
	into setting, when referrals have been made, room changes

Child and parent view

6				

Assessment information

Please provide assessment information for the three Prime Areas. You can use a variety of assessment tools relevant to the child's needs e.g. you could use ECAT for communication and language concerns and/or Birth to 5 Matters for PSED, or the same tool for all three. 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.

7	Chronological age in months		
	Communication & language	Personal, social & emotional	Physical development
		development	
	Assessment tool(s) used	Assessment tool(s) used	Assessment tool(s) used

8	This child is assessed as being:		✓
	Dolow ago ovpostations		

Below age expectations		
Well below age expectations		

Provide information on the child's strengths and needs using the headings below.

This can be done using bullet points

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Physical and/or sensory needs

10	What additional support have you given and what has been the impact?
	What have you tried? Strategies, targets, what was the impact, impact of advice from other
	professionals

11	Wh	What do you want the funding for?				
		Area of need	Intended outcomes	Intervention & strategies planned	How this will further support progress	
	1					
	2					
	3					
	4					
	5					

12	$2 \mid$ If funding is for training or resources, please give details of what you are proposing to purcha			
13	What steps will you take during the funding period to enable the child to continue making			
	progress once the funding has ceased?			
	Timeline plan:			
14	How will you monitor the impact of your interventions and capture the voice of the child and			
	parent throughout the monitoring period?			
	e.g. SEN plan reviews, shorter assessment period to review interventions and strategies			

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 the child named in this application. Please upload the completed consent form along with your application.