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**Kirklees Special Educational Needs & Disability Inclusion Fund (SENDIF/SENDIF+)**

**Application Form – NEW applications only**

**v1**

**V6**

Requests can only be made for children at **Early Years SEN Support**

Form **must** be typed and returned to: **Educational Psychology & Early Years SEN Support Service, Third Floor, Empire House, Wakefield Old Road, Dewsbury, WF12 8DJ. PLEASE BE SURE TO USE THE CORRECT POSTAGE – FORMS WILL NOT BE COLLECTED WHERE POSTAGE IS UNDERPAID**

**If you have access to anycomms you may send securely to CHYPS EPS V4**

***Type into the grey boxes when completing electronically using the tab key to move to the next box***

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| **Setion 1 – Child Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child’s Name:** |  | | | | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | |  | | | |
| Home Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Looked After Child (LAC): | | | | |  | | | | Potential School start date: | | | | | | | | | | | | | |  | | | | | | | | In receipt of DLA: | | |  | |
| **Section 2 – Early Years SEN Involvement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has this child been referred to EYSEN? | | | | | |  | | | | | If YES – name of officer and start date of involvement | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Section 3 – Setting Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Setting Name:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attendance Start Date: | |  | | | | | | | | | | | | | | | Adult to Child Ratio in room: | | | | | | | | | | | | |  | | | | | |
| Setting Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setting telephone no: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setting email: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setting Main Contact name: | | | | | | |  | | | | | | | | | | | | | Role/title: | | | | | | | | |  | | | | | | |
| Contact email (if different to setting): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Name & role of person completing the form (printed): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Date | | |  | | | | |
| Invoice Address (if different to Setting) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 4 - Having used the graduated approach cycle (assess, plan do review) outline the needs the child is presenting with. The information you tell us here will support panel decisions. It’s essential we have a clear picture of the child’s needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cognition and Learning** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Communication and interaction** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Social Emotional & Mental Health** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Physical and Sensory** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 5**  **How do you plan to use SENDIF/SENDIF+ to support the needs of the child?**  **What additional and or different provision is in place or needs to be put in place?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please identify the outcomes you hope to achieve over the next 3 months. ( SMART targets)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please give an indication of the child’s current development in the EYFS prime areas.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Childs Age in months:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prime Area** | | | | | | | | | | | | | | **ELG** | | | | | | | | | | | | | | | | | | | | | |
| **Communication and language** | | | | | | | | | | | | | | | Listening, Attention and Understanding: | | | | | | | | | | | | | | | | | | | | |
| Speaking: | | | | | | | | | | | | | | | | | | | | |
| **Personal Social and Emotional Development** | | | | | | | | | | | | | | | Self- Regulation | | | | | | | | | | | | | | | | | | | | |
| Managing Self | | | | | | | | | | | | | | | | | | | | |
| Building Relationships | | | | | | | | | | | | | | | | | | | | |
| **Physical Development** | | | | | | | | | | | | | | | Gross Motor Skills | | | | | | | | | | | | | | | | | | | | |
| Fine Motor Skills: | | | | | | | | | | | | | | | | | | | | |
| **Section 6 Please identify which of the following documents are in place for the child. You do not need to submit with application but may be asked for them at a later time** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IEP (2 most recent reviewed plus current) **OR**   My Support Plan  Provision map  Health Care Plan  Risk Assessment  Any other **current** medical/professional’s reports | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 7**  **Please outline any medical or health needs the child has. If the child has a health care plan or risk assessment please attach** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 8 – Other Agency Involvement.** *Give details of agencies/professionals* ***currently*** *involved with this child (if more than will fit here please attach on a separate sheet):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Agency/Professional** | | | | | **Role / Title** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 9 – Funding Details ( If DAF or EYPP in place please state HOW they are being used to meet the child’s needs)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disability Access Fund : Yes/No**  **Early Years Pupil Premium : Yes / No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 10 – Details of current placement/provision.** *Please specify the total amount of hours per day for each type:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Receiving 2Yr funding** | | | |  | | | | | | | | | **Receiving 3Yr funding** | | | | | | | |  | | | | | | **Receiving 30 hrs funding** | | | | | | | |  |
| **Please give TOTAL Hours for each day (*not times attended)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Attendance Type** | **Monday** | | | | | | | | | **Tuesday** | | | | | | | | **Wednesday** | | | | | | | **Thursday** | | | | | | **Friday** | | **Total for week** | | |
| **Term Time Hours (FEEC)**  **SENDIF** |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |  | |  | | |
| **\*Additional Childcare Hours (Term Time)**  **SENDIF +** |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |  | |  | | |
| **\*Holiday Childcare (Non Term Time)**  **SENDIF +** |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |  | |  | | |
| **\*I confirm that parent/s are in employment or are in training:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the child ‘Stretch’ their attendance through the year?** *E.g. the child stretches their EY funded hours through the school holidays* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Does the child attend any other setting?** | | |  | | | | | | | | | | | | | **If Yes – how often:** | | | | | |  | | | | | | | | | | | | | |
| Name of other setting/school: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 11 – Parent/Carer’s Consent.** *Please note that the parent/carer’s consent is essential. The panel will not discuss any request without the parent/carer’s consent and signature.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data Protection – How we use your information.**  The information provided in this form will be used at a SENDIF/SENDIF+ Funding panel to decide what level of funding should be granted to support your child in their pre-school setting. Further information If you would like further information about how we manage your data, please see the privacy notice for Kirklees Council at [www.kirklees.gov.uk/privacy](http://www.kirklees.gov.uk/privacy)  If you would like further information about the privacy notice for Early Years SENDIF/SENDIF+ Fund, please contact: Educational Psychology & Early Years Support Service, telephone 01924 483744 or email [dewsbury.psychology@kirklees.gov.uk](mailto:dewsbury.psychology@kirklees.gov.uk)  If you have any worries or questions about how your personal data is handled, please contact the Data Protection Officer at [DPO@kirklees.gov.uk](mailto:DPO@kirklees.gov.uk) or by ringing 01484 221000.  I have read and agree with the information given in this form and consent to the form and the attached documents being submitted for discussion at the SENDIF/SENDIF+ Panel.  Parent/Carer Signature: Date:  Name (printed):  **IF YOU ARE UNABLE TO GAIN PARENT/CARER SIGNATURE YOU MUST PLEASE STATE BELOW, SIGN AND DATE**  **I have gained verbal consent from parent/carer who have agreed to the submission of this application.**  **Name:**  **Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent’s / Carer’s Views: (*please attach separate sheet if necessary)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 12 - Conditions of SENDIF/SENDIF+ Funding - *Please ensure you have read and understand these conditions of funding before signing.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Eligibility is dependent on the setting being registered with Ofsted on the Early Years Register. * The setting’s full compliance with SENDIF/SENDIF+ funding processes is required, including completion of all relevant paperwork and provision of any information requested by the panel e.g. copies of IEPs, Care Plans, My Support Plans etc. * It is expected that providers will have considered their duty under the Equality Act (2010) and that they will have made reasonable adjustments for disabled children. This duty is anticipatory – it requires thought to be given in advance to what disabled children may require and what adjustments might need to be made to prevent disadvantage. All publicly funded early years providers must promote equality of opportunity for disabled children. This will be reflected in the application process * The graduated approach will be embedded in practice and will have been used in settings to:   - identify needs (**assess**)  - plan and deliver some targeted support above quality first practice (**plan** & **do**)  -review and evidence impact (**review**)  This will be evidenced in the application through individual planning documents (IEP/ ANP) or a My Support Plan   * Providers will identify any additional or different provision that is in place already or any additional or different provision that is required to support children with SEND. This will be reflected and evidenced in the application process * Children will be presenting with SEN in at least 2 of the 7 strands of learning linked to the 3 EYFS Prime areas.  |  |  |  | | --- | --- | --- | | **Communication & Language** | **Personal Social & Emotional Development** | **Physical Development** | | **Listening , Attention and Understanding**  **Speaking** | **Self-Regulation**  **Managing Self**  **Building Relationships** | **Fine Motor Skills**  **Gross Motor Skills** |  * For audit and monitoring purposes, the Local Authority may wish to view your records/registers relating to claims for SENDIF/SENDIF+ * It is anticipated that a referral to outreach support (EYSEN / Sensory team) will have been made for any child where SENDIF/SENDIF+ is being applied for. * SENDIF/SENDIF+ is a **contribution** to the support children receive as part of their quality first entitlement (SEND Code of Practice 2015) and must be used specifically in support of the named child. Misuse of this funding will lead to it being withdrawn. * The setting is responsible for the recruitment and employment of any additional staff members required to deliver the support. * **SENDIF/SENDIF+ operates on a Financial Year basis (1 April to 31 March) and funds agreed must be claimed within the Financial Year they are granted. Funds not claimed in the financial year they are granted cannot be carried forward to the next year and WILL NOT BE PAID.**   + Claims must be made in arrears except where funding runs to the end of March, when the invoice/claim form **must be submitted by the 23rd March** to meet Year End Regulations.   + **Any invoices received after the 23rd March for the current financial year will not be paid.** * Funding periods are based on school terms: April to August, September to December, January to March. Panel dates and deadlines for applications are notified to settings by email. It is the setting’s responsibility to ensure an up to date email address is held by Kirklees, send to [childcare.sufficiency@Kirklees.gov.uk](mailto:childcare.sufficiency@Kirklees.gov.uk) * Following Panel a letter confirming funding will be sent with guidance on how to claim the funds. * For PVI and non-maintained School Nurseries – the confirmation letter will be followed by an email from Kirklees Marketplace giving a purchase order number which will be used for the duration of the financial year. Invoices must be submitted in arrears either monthly or at the end of each funding period\* and include: the correct purchase order number, a unique invoice reference number provided by the setting/school and the dates covered by the claim. * For Maintained Schools - the claim form must be submitted at the end of the funding period\*, fully completed and giving school cost codes, dates and amounts of the claim. Payment will be by journal.   *\*Except* where funding runs to the end of March, when the invoice/claim form **must be submitted by the 23rd March** to meet Year End Regulations   * **SENDIF + (for childcare hours ) is only available where parents/carers are residents of Kirklees Local Authority and are working or are in training. Where applications are being made for SENDIF+ the setting must confirm that parents/carers are working or in training.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I agree to the conditions of Kirklees SENDIF/SENDIF+** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Where SENDIF + is being requested please confirm that parent / carer is in work or in training:**  **I confirm that parents /carers are in employment or are in training Yes / No** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Setting Signature:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | |
| **Print Name:** | | | | | | | | | | | | | | | | | | | **Role:** | | | | | | | | | | | | | | | | |