

## Early Start and Family Services – People Directorate

### Early Years Inclusion Grant Application

The Early Years Inclusion Grant is for early year's providers only to help them support the needs of individual children with lower level or emerging SEN.

**Please read the guidance document and flowchart before filling in this application form. The application form must be typed we can't accept handwritten forms.**

#### Section 1: Setting details

|  |  |
|--|--|
| Setting Name   |  |
| Setting Address  |  |
| Setting Telephone No   |  |
| Setting Email Address  |  |
| Contact person at setting  |  |
| Date started on roll   |  |
| Parent's/Carers Name and Address                                     |  |
| Are both(one in the case of a single parent) parents/carers working? |  |

#### Section 2: Childs details

|  |  |
|--|--|
| Child's Name   |  |
| Date of Birth  |  |
| Age (include months)   |  |
| What date was the first support plan put in place (attach copies)                          |  |
| Number of cycles SEN plans   |  |
| Is there an Education, Health & Care Plan in place (EHCP)? Indicate yes or no in the boxes |  |
| English as an additional Language? (If so, write in birth language)                        |  |
| Is there a care plan in place? Indicate yes or no in the boxes                             |  |
| Is it signed by a Health Professional  |  |
| Has specialist training been provided? Indicate yes or no in the boxes                     |  |
| Is there a Fire Evacuation Plan in place?  |  |
| Is there an Early Help Assessment (EHA) in place? Indicate yes or no in the box            |  |
| If yes please you must provide the UIN (Unique   |  |
| Has the child had an Integrated Review (action plan must be attached)                      |  |
| Date of Meeting  |  |

**Section 3: A summary of the child's additional needs including, diagnosis and any barriers**

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**Diagnosis:**

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**Section 4: Supporting information**

**Tick the appropriate box below to indicate which source of evidence you will be providing to support your application:**

- I have submitted a completed Early Years Graduated Response document**
- I have submitted a completed Costed Provision Map (Excel sheet)**
- If this child has had an integrated Review - I have submitted a completed Integrated Review Action Plan (both pages)**

**Please do not apply unless you have the evidence to support your application. Incomplete applications will be returned, and additional information requested.**

**Add any other information below:**

## Section 5: Applying for additional staffing

|                        |  |
|------------------------|--|
| <b>Funding Periods</b> | <p><b>Summer</b> 14 weeks (8<sup>th</sup> April – 19<sup>th</sup> July 2024)</p> <p><i>Holidays</i>      1 Week: (27<sup>th</sup> May – 3<sup>rd</sup> June 2024)<br/>                                  6 Weeks: (22<sup>nd</sup> July to 31<sup>st</sup> August 2024)</p> <p><b>Autumn</b> 13 weeks (2<sup>nd</sup> September – 20<sup>th</sup> December 2024)</p> <p><i>Holidays</i><br/>                                  1 Week: (2<sup>nd</sup> September to 9<sup>th</sup> September 2024)</p> <p><b>Spring</b> 11 weeks (13<sup>th</sup> January – 4<sup>th</sup> April 2025)</p> <p><i>Holidays</i><br/>                                  1 Week: 17<sup>th</sup> to 21<sup>st</sup> February 2025</p> |
|------------------------|--|

**Please indicate below which period you are applying for by writing Summer, Spring or Autumn. If you are applying at the start of term you can only apply for that term if you apply mid-term you may apply for the current term and the next term, as long as the child will still be attending.**

|  |  |
|--|--|
| <p><b>Period:</b></p> <p>(If funding is agreed it will start from the Monday after the panel meet)</p>                 |  |
| <p><b>End date:</b></p> <p>(If the child is accessing a stretched offer the weeks may extend into holiday periods)</p> |  |

### Levels of Funding

A contribution towards staffing costs will be paid at £8 per hour

#### Term time hours

In column 2 indicate hours attending EEF\TYE

In column 3 indicate how many EEF\TYE hours you are requesting funding for

In column 4 indicate any wraparound hours and

In column 5 indicate wraparound hours requesting funding for

| 1<br>Days of the<br>Week | 2<br>EEF\TYE<br>Number of<br>hours the child<br>attends | 3<br>EEF\TYE<br>Number of<br>hours<br>requesting<br>grant for | 4<br>Wrap Around<br>Number of<br>hours the child<br>attends | 5<br>Wrap Around<br>Number of<br>hours<br>requesting<br>grant for |
|--------------------------|---|---|---|---|
| Monday                   |   |   |   |   |
| Tuesday                  |   |   |   |   |
| Wednesday                |   |   |   |   |
| Thursday                 |   |   |   |   |
| Friday                   |   |   |   |   |
| <b>Total</b>             |   |   |   |   |

Is the child on a stretched offer?

### Holiday hours

| Hours attended per<br>WEEK (holiday) | Hours per WEEK<br>grant requested for<br>(holiday) | Number of holiday<br>weeks for the<br>period requesting<br>(see section 7) | TOTAL hours<br>requested for<br>holiday period |
|--------------------------------------|--|--|--|
|                                      |  |  |  |

#### Section 6: Advice from professional working with the setting

*e.g. Social Communication and Interaction (SCI), Early Years Area SENCo, Educational Psychologist (EP), Hearing/Vision Support Service*

|  |  |
|--|--|
| <b>Name of professionals:</b>  |  |
| <b>Role:</b>   |  |
| <b>Date of discussion:</b>   |  |
| <b>Action taken from advice</b> - Please forward any supporting information from professionals |  |

### Section 7: Setting declaration

By returning this form (via secure email -Egress) we agree to abide by the terms and conditions of this Grant.

We the undersigned declare to the best of our knowledge that the information provided in this application is accurate and that the children identified have an up to date Early Years Support Plan/ medical care plan that is reviewed regularly (every six weeks) and have evidence of outside agency involvement.

We confirm that we have attached the parental\carer consent form which has been completed by the person\s with parental responsibility for the child named in this application.

We confirm that the owner\Directors\Governors\Management Committee\Trustees approve of this application.

We understand that there will be an annual audit on the grant which will check the funds and quality of provision are appropriate for the child named in the application. Failure to provide this evidence may result in funding being reclaimed or a more in-depth audit being carried out.

|                       |  |
|-----------------------|--|
| <b>Date Submitted</b> |  |
|-----------------------|--|

(NB settings cannot apply retrospectively and must remember to re-apply if they wish the funding to continue the following period)

|  |  |
|--|--|
| <b>Please fill this form in electronically deleting yes/no where appropriate and return the application form by email to::</b> | <a href="mailto:infoFIS@barnsley.gov.uk">infoFIS@barnsley.gov.uk</a> using the Egress secure email system. |
|--|--|