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| **APPLICATION FOR EARLY YEARS SEN INCLUSION FUND** |
| **CHILD INFORMATION** |
| Child’s name: | DOB | Gender |
| Days attended: | Total hours attend per week: |
| Setting: |
| Setting Address: |
| SENCO:  |
| Contact email: | Telephone: |
| Is the above child on Ladywood Outreach caseload:  | Yes ❒ No ❒ |
| **CHECKLIST:** |
| Is the child eligible for 2,3 or 4 year old funding? (4 year olds in Reception Class are **not** eligible to apply)  |  |
| Early Help Assessment/Reviews? |  |
| Date of last review or EHA  |  |
| Is this signed by setting? |  |
| Is this signed by the child’s parent? |  |
| Is there at least one agency report enclosed? (Must include at least one report) |  |
| Have you included the latest Developmental Profile? |  |
| **SETTING INFORMATION** |
| Please state how many staff have attended the listed training workshops:  | Early Attention and Communication |  |
| Sensory Harmony |  |
| Early Attention and Communication |  |
| Early Communication & Language |  |
| Total Communication |  |
| Aided Language Stimulation |  |
| Assessing Progress for Children with SEND |  |
| Signalong in the Early Years |  |
| **SECURITY** |
| Where possible applications should be sent by **secure** email to [startwellsend@bolton.gov.uk](file:///%5C%5CBOL-VMW-P-FS03%5CUser_Homes%24%5Cmarklandg2%5Cstartwellsend%40bolton.gov.uk)Applications sent by post must follow Bolton Council’s policy for sending sensitive information.Applications should be double enveloped and sent to: Alex Baxter SEND Manager, Start Well Service, Harvey Start Well Centre, Shaw Street, Bolton BL3 6HU  |
| **SETTING DECLARATION** |
| I understand that, should the application be successful, the information provided by the setting here will form part of the funding agreement for the Early Years SEN Inclusion Fund. **Signed (on behalf of the setting) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PARENT DECLARATION** |
| I am aware of the application for the Early Years SEN Inclusion Fund for my child and the targets that he/she is working towards. I give permission for the provider to share reports and my child’s information with professionals on the Early Years SEN Inclusion Fund panel to support the funding decision. I am aware that the provision for my child and their progress towards targets might be discussed as part of the funding monitoring.**Signed (parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |