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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:///\\BOL-VMW-P-FS03\User_Homes$\marklandg2\startwellsend@bolton.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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |