# Appendix 1 – Early Years Transition Fund Consent form

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| **Child’s Information** | | | | |
| Name |  | DoB: | | Gender: |
| School |  | | | |
| Previous setting |  | | | |
| School SENCo |  | | | |
| Contact email |  | | | |
| Telephone |  | | | |
| **Checklist** | | | | |
| Early Help Assessment/Reviews | | |  | |
| Date of last review or EHA | | |  | |
| Is this signed by Lead professional? | | |  | |
| Is this signed by the child’s parent/carer? | | |  | |
| Is a Transition Plan included? | | |  | |
| **Security** | | | | |
| Applications should be sent by secure email to: [startwellsend@bolton.gov.uk](mailto:startwellsend@bolton.gov.uk) | | | | |
| **School declaration** | | | | |
| I understand that the Early Years SEN Transition Fund allocated is designed to supplement the School’s Notional Budget in the first term to support effective transition. | | | | |
|  | | |  | |
| **Signed (on behalf of the school)** | | | **Date** | |
|  | | |  | |
| **Signed by parent/carer** | | | **Date** | |