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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Early Years Inclusion Support Grant to support children with identified additional needs 2021-2022 (September 21 new form)** | | | | | | | | | | |
| *Eligibility criteria - children who have a delay in* ***two or more*** *areas of development and have* ***two outside agencies*** *involved. Please complete one form per child* | | | | | | | | | | |
| **Setting details:** | |  | | | | | | | | |
| Setting Name and Address | |  | | | | | | | | |
| Name of room | |  | | | | | | | | |
| Telephone number/Email Address | |  | | | | | | | | |
| Contact person at setting | |  | | | | | | | | |
| **Child's details:** | |  | | | | | | | | |
| Child's Name | |  | | | | | | | | |
| Date of Birth | |  | | | | | Age (include months) | | | |
| Please briefly specify if the child has significant physical or medical needs. | | | | | | | | | | |
| Please give details of at least two outside agencies involved. | | | | | | | | | | |
| Please identify the **Prime Area of Need**: (Identified within the SEND Code of Practice 2015)  Communication and Interaction Cognition and Learning  Social Emotional and Mental Health Sensory and/or physical needs | | | | | | | | | | |
| Please briefly outline **two or more** areas of developmental delay (please use the grid to complete all of the areas). | | | | | | | | | | |
| **Area** | **Aspect** | | | Please state the child’s age in months:………………… | | | | | | |
| Is this child at their expected level of development? | | Please indicate/highlight against each aspect if the child is:  Below Expected or Significantly Below Expected | | | | |
| **Communication and Language:** | Listening, Attention and Understanding | | | Yes/No | | Below Expected | | | | Significantly Below Expected |
| Speaking | | | Yes/No | | Below Expected | | | | Significantly Below Expected |
| **Personal, Social and Emotional Development:** | Self-Regulation | | | Yes/No | | Below Expected | | | | Significantly Below Expected |
| Managing Self | | | Yes/No | | Below Expected | | | | Significantly Below Expected |
| Building Relationships | | | Yes/No | | Below Expected | | | | Significantly Below Expected |
| **Physical Development:** | Gross Motor Skills | | | Yes/No | | Below Expected | | | | Significantly Below Expected |
| Fine Motor Skills | | | Yes/No | | Below Expected | | | | Significantly Below Expected |
| Please **tick** the term this application is for. | | | | | | | | | | |
| Term: 1 | | 1 April 2021 – 31 August 2021 | | | | | | | |  |
| Term: 2 | | 1 September 2021 – 31 December 2021 | | | | | | | |  |
| Term: 3 | | 1 January 2022 - 31 March 2022 | | | | | | | |  |
| **Funding details:** | |  | | | | | | | | |
| Please **tick** appropriate | | 2 Yr. EEF | | | 3&4 Yr. EEF | | | Fee Paying | |  |
| Please identify the number of hours the child needs support for and the actual hourly rate received by the setting for the child: | | | | | | | | | | |
|  | | Early Education | | | | | | Fee Paying | | |
|  | | Time (e.g. 9 to 12) | | | Hourly rate | | | Time (e.g.  9 to 12) | | Hourly rate |
| Monday am | |  | | |  | | |  | |  |
| Monday pm | |  | | |  | | |  | |  |
| Tuesday am | |  | | |  | | |  | |  |
| Tuesday pm | |  | | |  | | |  | |  |
| Wednesday am | |  | | |  | | |  | |  |
| Wednesday pm | |  | | |  | | |  | |  |
| Thursday am | |  | | |  | | |  | |  |
| Thursday pm | |  | | |  | | |  | |  |
| Friday am | |  | | |  | | |  | |  |
| Friday pm | |  | | |  | | |  | |  |
|  | | | | | | | | | | |
| What date do you want the grant to start in this term? | | | | | | | |  | | |
| Term time? (Yes / No) | | | | | | | | Full year? (Yes / No) | | |
| Total number of children within the setting claiming / applying for Inclusion Support Grant: | | | | | | | |  | | |
|  | | | | | | | | | | |
| Does the child have a Disability Living Allowance (DLA) award? Will the setting be applying for Disability Access Fund (DAF)?  Does this child have and EHCP (Education, Health and Care plan)? | | | | | | | | (Yes / No)  (Yes / No)  (Yes / No) | | |
| **SETTING DECLARATION** | | | | | | | | | | |
| 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 that is reviewed regularly (every six weeks) and have evidence of outside agency involvement.  Please sign below: Head Teacher/Manager/SENCO...................................................... | | | | | | | | | | |
| **Please note: Due to data protection requirements application forms cannot be sent or accepted electronically unless you have a secure email address** | | | | | | | | | | |
| **Return application forms by post to:**  **By email to:** | | RMBC, Riverside House, Early Years and Childcare, ISG, Wing C, Floor 1, Main Street, Rotherham, S60 1AE  [early.years@rotherham.gov.uk](mailto:early.years@rotherham.gov.uk) | | | | | | | | |
| **FOR OFFICE USE ONLY:** | | | | | | | | | | |
| Application Outcome | | | Approved | | | | | | Declined | |
| Authorisation: | | | | | | | | | | |