# **HIGHER NEEDS FUNDING (50% rate) APPLICATION FORM**

TO SUPPORT A CHILD IN EARLY YEARS PROVISION

*Please read guidance notes before completing this form*

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| Please confirm that the decision to make this application has been discussed with an external agency (e.g. Early Years SEN Specialist Teacher/Practitioner; Educational Psychologist) this application must only be made when an application for an EHC needs assessment has been submitted. |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |
| **Name of the external professional** |  |
| **EHCP application case number**  |  |
| **Date submitted:** |  |

**The funding is available to promote the inclusion by Early Years Providers of children with SEND**

The completed form must be shared with parents.

## Section A – Child’s details

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| --- | --- |
| **Child’s Name** |  |
| **Date of Birth** |  |
| **Child’s Home Address**  |  |
| **Date child started the provision** |  |
| **Additional Information** |  |
| **Is the child Looked After (in Public Care)** | Yes / No |
| **Does the child have English as an Additional Language (EAL)?** | Yes / No |
| **Does the child currently access 2 Year Old Funding?** | Yes / No |
| **Do Parents/carers receive Disability Living Allowance for the child?** | Yes / No |

**Details of the Early Years Provider making this application:**

|  |  |
| --- | --- |
| **Name of Early Years Provision** |  |
| **Address** |  |
| **Contact Name**  |  |
| **Contact Number (Early Years Provision)** |  |
| **Email Address** |  |
| **Ofsted Registration Number** |  |

## Section B – Child’s attendance at Early Years provision – please give times attended:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Are these hours being accessed by a standard offer (38 weeks per year)? | Yes / No |
| Are these hours being accessed by a stretched offer (47.5 weeks per year)?\* | Yes / No |

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| --- |
| Does the child attend any other Early Years provision? If so please give name(s) |

**The information submitted in the application for an EHC needs assessment will be used to inform this decision, please ensure you have submitted evidence within the EHC application of**

* **a graduated approach,**
* **APDR**
* **Ability levels and progress of the child**
* **Reports from external providers involved with the child.**

**This information does not need to be submitted separately with this application for high needs funding.**

## Section C - What additional provision do you need to make for this child to enable them to fully access the Early Years Foundation Stage?

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## Section D - What impact do you expect the additional provision to have if allocated?

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## Section E – Declarations and payment

**Declaration**

* I confirm that I have read and understood the Guidance Notes and that I accept the conditions attached to any funding made.
* I confirm that I have shared this form with the child’s parents/carers.
* I confirm that this application is accurate and any funding granted will be used for the purposes indicated. (evidence of this may be required)
* I am aware that I must keep receipts and evidence of actual expenditure, which may be requested in future. I accept that should these not be available or evidence indicates that the grant was not used for the agreed purpose that the grant must be repaid in full.

**Owner / Manager / SENCo:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signed** |  |
| **Date** |  |

**Please email applications and supporting evidence to:** earlyyears@walsall.gov.uk