EY SEND 2YO SEND Non-FEEE Appilication Form – CONFIDENTIAL

Form and supporting evidence to be sent to EYSEND.Panel@walthamforest.gov.uk

***Important information to read BEFORE you commence the application process***

This application form is ONLY to be completed by the child’s allocated key worker at the Children and Family Centre due to the child not being eligble for a 2YO FEEE place and having more then a 6 month developmental delay.

Before an application is made the child and family must have attended their child’s 24 – 30 Month Health Review, via the Health Visiting Team. Also, the child and family must have engaged with a range of universal and targeted child or whole family support from their Children and Family Centres and/or Health Services for a period of 3 months before an application can be made. Children who are in receipt of the Early Years SEND home visiting service must work with this service for a period of 3 months before an application can be made. Successful applicants will be expected to continue to engage with a range of services alongside taking up a 2YO SEND Non-FEEE Place.

|  |  |
| --- | --- |
| **Section 1** | **Referrer Details** |
| **Referrers name and job role** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Section 2** | **Eligibility** *\*Yes the child is eligible for FEEE do not complete this form, send any evidence to* *childcare@walthamforest.gov.uk* |
| **If child is aged 2, are they now eligible for a 2 year old FEEE due to any changes in circumstances?** | Yes [ ] \*See above | No [ ]  | **Eligibility check code***must be checked* |  |
| **Has an application been made for DLA?** | Yes [ ]  | No [ ]  | **Date of application** |  |
| **Is the child in receipt of Disability Living Allowance (DLA)?** | Yes [ ] \*See above | No [ ]  |
| **Is child Looked After or subject of an Adoption, Special Guardianship, or Child Arrangements Order?** | Yes [ ] \*See above | No [ ]  |

|  |  |
| --- | --- |
| **Section 3** | **Child’s Details** |
| **Child’s Full Name** |  | **Gender** |  | **D.O.B** |  | **Age in months** |  |
| **Address and postcode** |  |

|  |  |
| --- | --- |
| **Section 4** | **Child’s SEND Status** |
| **Has a referral been made to health?** | Yes [ ]  | No [ ]  | **Health service and date of referral** |  |
| **Does the child have a SEND diagnosis?** | Yes [ ]  | No [ ]  | **SEND Diagnosis** *Evidence to be sent* |  |
| **Has the child their child’s 24 – 30 Month Health Review, via the Health Visiting Team?** | Yes [ ]  | No [ ]  | **Date of Health Review** |  |
| **Is the child in receipt of LBWF Early Years SEND home visiting service?** | Yes [ ]  | No [ ]  | **Start date with service and name of home visitor** |  |

|  |  |
| --- | --- |
| **Section 5** | **Potential family needs** |
| **Was the confidence wheel used to assess the potential family needs?** | Yes [ ]  | No [ ]  |
| **Provide details of the child’s home life and families background** *Parents, siblings, family members living in the household, other relevant information identified when using the confidence wheel – any services/activates the family were signpost to and attended should be included in section 6* |
|  |

|  |  |
| --- | --- |
| **Section 6** | **Services and Activities Accessed**  |
| **List services/activities that are or have been accessed by the family.***Stay and Play, Somewhere to Belong, HENRY, Wood Street Health Centre, Health – SaLT/SACC, EY Home Visiting Service, Children and family centres, parent groups , Early Help, recreational groups/activities – add rows as necessary.* |
| Activity/Service | Service Provider | Start date | Frequency | No. of sessions attended | Outcomes for the child or family |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Section 7** | **Current Level of Development in the EYFS Prime Areas** *– in line with* [*Development Matters*](https://www.foundationyears.org.uk/files/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf) |
| *Write developing, working, secure and mark X in the developmental level for each prime area* | **Developing - Working - Secure** | **0-11** | **8-20** | **16-26** | **22-36** | **30-50** | **40-60** |
| **Communication and Language** |  |  |  |  |  |  |  |
| **Physical** |  |  |  |  |  |  |  |
| **Personal, Social and Emotional** |  |  |  |  |  |  |  |
| **Summarise the concerns regarding the child’s development in the three prime areas.** |
|  |

|  |  |
| --- | --- |
| **Section 8** | **Funding Application** |
| **Amount of childcare hours parents/carers will purchase at a Ofsted rated Good or Outstanding childcare provider in Waltham Forest.** |  |
| **Childcare providers parents/carers have contacted/visited for potential childcare place for ther child.** |  |
| **Transition to a childcare provision proposed plan of action***Rationale for the reasoning and choice of setting the child is to transition to. Include the type of setting (childminder, PVI nursery/preschool, school nursery) the children and family centre key worker and the family have discussed as being suitable for the child and their additional needs. Include if the family has visited any settings or are on any waiting lists.* |
|  |
| **Rationale for child to attend a childcare provision***Rationale of the reason a childcare provision will be the next step for this child to continue their development and ongoing support. Include the benefits and outcomes expected if the child does attend childcare provision which is in to addition to those that are already being achieved by continuing to access the services outlined in section 4.* |
|  |

|  |  |
| --- | --- |
| **Section 9** | **Parental Consent** |
| By signing this document, I consent to:* the information contained in this report and the attached reports to be shared with the Local Authorities Early Years and Childcare Team.
* sharing my child’s information with relevant education and health services professionals for the purpose of obtaining a full package of advice and services that my child might need.
 |
| **Parent/Carer Signature** |  | **Date** |  |
| **Parent Full Name** |  | **Relationship to child** |  |
| **Parent/Carer Contact details** | Telephone |  | Email |  |

Supporting documentation must be sent with this application including:

* Child’s Health Review/ASQ
* Evidence FEEE eligibility check has been carried out [www.walthamforest.gov.uk/eychecker](http://www.walthamforest.gov.uk/eychecker)
* Family Confidence Wheels
* Any letters and information from Health Services
* HENRY reports