

EY SEND Inclusion Fund (SENIF) Application Form Guidance

Early Years, Childcare & Business Development Service

This guidance is to support referrers with their application for SEND inclusion funding. The referral **MUST** be made by the childcare provider where the child is attending childcare provision. If the child is entitled to a FEEE place but will need additional funding to attend a setting, the application **MUST** be made by the lead professional for the child.

In the application the referrer must demonstrate the SEND Code of Practice and the LA SEND pathway has been followed **BEFORE** applying for further funding from the SENIF Panel. A range of external support (e.g. health, children and family centres, SENDSuccess, Area SENCOS, Early Help) must have been accessed. Also, any funding available (e.g. EYPP, DAF, deprivation element of early years funding formula payment) must have been applied for and used to support the child's additional needs. This graduated approach and package of support must be evident in your application.

The application must be fully completed and pass the LA pre-panel quality assurance process before being submitted to the SENIF panel. Referrers will be notified if the application has or has not passed the LA pre-panel quality assurance process. If the application has not passed the LA pre-panel quality assurance process, the application will be returned to the referrer. The referrer will then have one week to fully complete the application and provide any missing documentation. If the application is not fully completed within this time frame, it will not be considered at that month SENIF Panel. The deadline for application, quality assurance and panel dates are listed in the [SENIF Panel Information](#) document available on The Hub.



* dates are listed in the [SENIF Panel Information](#) document available on The Hub.

** If the application is not fully completed within this time frame, it will not be considered at that month's SENIF Panel.

Completing the Application Form

- The form must be completed electronically by the referrer (where possible).
- The form must be signed by the parents and the referrer.
- When application form is scanned, all pages must be included as one document.
- All sections must be completed fully for the application to be considered.
- Where there is a check box (e.g.) double click on the box to mark it as checked.
- Compulsory reports and additional reports must be sent in the same email as the application.
- When sent, all reports documents should be clearly named as listed in section 7 (e.g. 'Early Years 2 year old Progress Review').
- One email should be sent per child. The header of the email must be the child's name.
- When emailing applications, please be mindful of GDPR/Data protection requirements. Ensure that documents are password protected. The password must be sent in a separate email. The header of the email must be the child's name.

The following pages show an annotated version of the application form with further information of what is required in each section of the application. If you do have any further questions regarding the application please email EYSENDPanel@walthamforest.gov.uk

Section 1

Only complete either 1A or 1B.

1A for referrals from the childcare provision.

1B for referrals from Lead Professional.

1A Referrer Details: if child is currently attending a childcare provision		
Name of childcare provider		
Childcare Providers OFSTED registration number		
Contact name and job title <small>SENCO or Child's Key Worker</small>		
Telephone number		
Email address		
1B Referrer details: if child is not currently attending a childcare provision		
Referrers name and job role <small>Child's Lead Professional on LBWF framework system</small>		
Address and postcode		
Telephone number		
Email address		
1C Single or Group Application		
Type of application	Single Child <input type="checkbox"/>	Group of Children <input type="checkbox"/>
If Group Application, specify application number <small>If 4 children - Application numbers would be 1 of 4, 2 of 4, 3 of 4 and 4 of 4.</small>	Application No <u> </u> of <u> </u>	

Applications can be for a single child's support or support for a group of children.

The referrer must complete an application for **ALL** children who form part of the group and submit these at the same time. Section 5A **MUST** be completed for all group applications

E.g.

- Ratio 1:4
- 4 children will be benefiting from reduced staffing cost through inclusion funding
- 4 different applications for 1 additional adult

For example, If 4 children:

Child 1 application number 1 of 4
 Child 2 application number 2 of 4
 Child 3 application number 3 of 4
 Child 4 application number 4 of 4

Section 2

2A Child's and Families Details			
Child's Full Name		Gender	
Date of birth		Age in months	
Address and postcode		Is the child a looked after child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnicity		First spoken language If not English	
Parent/Carer Full Name		Relationship to Child	
Contact telephone		Contact email address	

Write the child's age in months as this will help to indicate child's current attainment in line with development matters indicators in sections 4A and 4B.

2B Child at Setting						
Date Child started at setting						
Attendance Hours	Mon	Tues	Wed	Thur	Fri	Weekly Total

Total Number of hours the child attends each day.

Total amount of hours the child attends a week,

Section 3A

This application is only for 2 year olds eligible for a FEEE place. For other support for 2 year olds who are not eligible for a FEEE place and have developmental delay/SEND refer to The Hub - SEND for alternative funding available.

3A Eligibility			
If child is aged 2, are they eligible for a 2 year old FEEE? A copy of the check must be provided	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Eligibility check code:
If child is aged 3, are they eligible for the 30hrs FEEE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Eligibility code:
If child is aged 3, are they eligible for EYPP funding? A EYPP Check on the pupil register must be completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date check completed:

Eligibility code should be provided by the parent/carer who completed eligibility check on HMRC website.

3B DLA Funding Eligibility			
Is the child in receipt of DLA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Answer Q1 & Q2	Answer Q3	
Q1 Has DAF funding been applied for? Children in receipt of DLA are eligible for DAF payment of £615 to setting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Q2 Which level of DLA payment is child in receipt of?	High <input type="checkbox"/>	Med <input type="checkbox"/>	Low <input type="checkbox"/>
Q3 Has an application been made for DLA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of application:

EYPP eligibility can be checked using the EYP Hub Pupil Register
Go onto the pupils profile and under eligibility you can simply click to check if the child is eligible. The date checked will also be found there. If the child is eligible for EYPP, details of what the funding has or will be used for must be provided in section 4C.

3C SEND Status			
Does the child have a SEND diagnosis? Supporting documentation must be sent as evidence.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	SEND Diagnosis:
Has the child been referred to any specialist service? E.g. Health, SACC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of specialist service: Date of referral:
Has EHCP referral been made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of application:

Supporting documentation must be sent as evidence of diagnosis.

If the child is aged 2, a copy of the eligibility check outcome must be submitted as a compulsory report with this application. This can be in the form of a letter, email or a screen shot from the eligibility check web page. The check code will be on this document. The eligibility check should be completed by the parent/carer that any benefits relating to the child are paid.

If child is eligible for DAF, details of what the funding has or will be used for must be provided in section 4C.

For more information on how to claim DAF look at [The FEEE Financial Guidance](#) available on The Hub.

Section 4A & 4B

4A Identified Additional Needs																		
Select (as appropriate) the identified additional need of the child against the EYFS prime areas of learning												Communication and Language			<input type="checkbox"/>			
												Physical Development			<input type="checkbox"/>			
												Personal, Social and Emotional Development			<input type="checkbox"/>			
4B Current Attainment and Summary of Concerns																		
Communication and Language																		
Mark X in the relevant box below to indicate child's current attainment in line with Development Matters indicators D= Developing, W = Working within S= Secure																		
0-11 months			8-20 months			16-26 months			22-36 months			30-50 months			40-60 months			
D	W	S	D	W	S	D	W	S	D	W	S	D	W	S	D	W	S	
X																		
Provide summary details of concerns below:																		
Physical Development																		
Mark X in the relevant box below to indicate child's current attainment in line with Development Matters indicators D= Developing, W = Working within S= Secure																		
0-11 months			8-20 months			16-26 months			22-36 months			30-50 months			40-60 months			
D	W	S	D	W	S	D	W	S	D	W	S	D	W	S	D	W	S	
Provide summary details of concerns below:																		
Personal, Social and Emotional Development																		
Mark X in the relevant box below to indicate child's current attainment in line with Development Matters indicators D= Developing, W = Working within S= Secure																		
0-11 months			8-20 months			16-26 months			22-36 months			30-50 months			40-60 months			
D	W	S	D	W	S	D	W	S	D	W	S	D	W	S	D	W	S	
Provide summary details of concerns below:																		

Mark X in the relevant box based on the settings current assessment of the child's level of attainment. Use [Development Matters](#) to indicate child's current attainment.

Provide the key information based on the settings and other professional reports submitted as part of the application. DO NOT copy and paste information from reports – summarise this information. A baseline assessments and recent tracking documents from the setting can be also sent with this application as additional evidence of the child's development.

Select one or more areas where additional needs have been identified. Complete the sections of which additional needs have been identified.

Section 4C

4C Services and Activities							
Provide details of the services/activities that are currently being accessed by the family to support the child's development e.g. health, children and family centres, early help, private and voluntary sector providers and the parents own input							
Service description (name)	Service Provider	Start date (approx.)	End date (if applicable)	Frequency e.g. once a week	Duration e.g. 2 hours	Cost per session	Funded by e.g. Parent, free
Provide details of the services/activities that are currently being accessed/provided by the setting to support child's development e.g EPs, SaLT, Staff training, additional resources							
A. Early Years funding formula base rate	£4.85 per hour	B. Additional hourly supplement for deprivation		£ per hour	C. Total Early Years funding formula hourly rate (A+B = C)		£
Service description (name)	Service Provider (setting name or another professional)	Start date (approx.)	End date (if applicable)	Frequency e.g. once a week	Duration e.g. 2 hours	Cost per session	Funded by EYPP, DLA deprivation supplement

These are services and support currently being accessed by the family. This can be
 Stay2Play sessions
 Swimming Lessons
 Parents Own Input.

This could be funded by the family or the service could also be a free.

If you have stated that the child is eligible for EYPP or DAF funding in section 3A you must provide details of the serves and support provided to the child by the setting using this funding.

Details of base and deprivation rates can be found in [Appendix C](#) of the [18/19 FEEE Guidance](#).
 Early Years funding formula base rate added to Additional hourly supplement for deprivation will equal Total Early Years funding formula hourly rate.

Add more rows to these sections if necessary.

This could be funded by EYPP, DLA or EYFF deprivation funding.

Section 5

5A Additional Cost Due to Reduced Ratio

Due to increasing adult: child ratio to above EYFS statutory requirements. **There must be evidence for reduced ratios in professional reports and this must be shown in the costed SEND plan to support application request. If there is not a professional report, an EP report must be applied for first from the SENIF Panel.**

Proposed start date for reduced ratios

No retrospective payments will be made; start date should be set for the date of the panel or after.

2 year old children		3 year old children		Details of other children that will form part of the reduced ratio group		
Ratio	Amount of hours required at this ratio per week	Ratio	Amount of hours required at this ratio per week	Child's Initials	Childs D.O.B.	Application form completed for ALL children who form part of this reduced ratio group. See section 1C.
1:1 <input type="checkbox"/>		1:1 <input type="checkbox"/>				Yes <input type="checkbox"/>
1:2 <input type="checkbox"/>		1:2 <input type="checkbox"/>				Yes <input type="checkbox"/>
1:3 <input type="checkbox"/>		1:3 <input type="checkbox"/>				Yes <input type="checkbox"/>
		1:4 <input type="checkbox"/>				Yes <input type="checkbox"/>
		1:5 <input type="checkbox"/>				Yes <input type="checkbox"/>
		1:6 <input type="checkbox"/>				Yes <input type="checkbox"/>

Rationale

What will the expected additional benefits/outcomes for the child from being part of a reduced adult: child ratio be?

5B Lump Sum Payments Request

Single amount for targeted intervention, staff training or a professional assessment/report

No retrospective payments will be made; start date should be set for the date of the panel or after.

Service description e.g. EP, SALT	Service Provider	Start date	Cease Date	Frequency e.g. once a week	Duration e.g. 2 hours	Cost per session	Total Cost

Rationale

What will the expected additional benefits/outcomes for the child from receiving the lump additional funding being applied for be?

Funding for additional staffing due to increasing ratios. This could be for a group or single application. You must complete this section if you selected group application in section 1C.

For an additional cost for a reduced ratio to be approved by panel, there must be a report from a professional such as an Educational Psychologist or Speech and Language Therapist. The recommendations from this report should then be evident in the costed SEND plan. The funded amount will be based on the information written in the SEND plan.

Funding for a lump sum payment. This could be professional reports or assessment. External support/services or specialist training.

Write what the expected outcomes will be if the child received this intervention. Possibly include the benefits and how it will impact the child's development.

If submitting a group application as selected in section 1C, an application form must be completed for each child and submitted at the same time.

- Ratio 1:4
- 4 children will be benefiting from additional staffing cost through inclusion funding
- 4 different applications for 1 additional adult

Select ratio based on child's age and group size if making a group application. There is an expectation that settings use a staged approach to reducing adult: child ratios from the statutory requirement. 1:1 ratio will only be approved in exceptional circumstances and if recommended by a health or educational professionals report.

This must be the total cost for all sessions.

Section 6 & Section 7



All compulsory reports MUST be sent in the same email as the application to the EYSEND Panel inbox.

6A Compulsory Reports		
Name of Report	Has this report been sent with the application form?	
Costed SEND PLAN including outcomes	Yes	No
Early Years 2 year old Progress Review (Statutory assessment)	Yes	No
Health ASQ3 report (if completed)	Yes	No
2 year old eligibility check outcome email (2 year olds only)	Yes	No

If additional reports are being sent, they MUST be sent in the same email as the application to the EYSEND Panel

6B Additional Reports		
Name of Report	Has this report been sent with the application form?	
Completed during last 3 months (as appropriate) Where reports are addressed to the parent/carer you must obtain consent to share these with the panel as part of the application		
Educational Psychology Report	Yes	No
Speech and Language Therapy Report	Yes	No
Medical Report	Yes	No
Early Years Home Visitor Support Plan	Yes	No
Baseline Assessment of Child at setting	Yes	No
Settings most recent assessment of child	Yes	No
Other Professional Reports/medical reviews Please specify:	Yes	No

If sent, reports must be clearly named as listed. See below

-  Early Years 2 year old Progress Review
-  Educational Psychology Report

Referrer and Parent/carer signatures MUST be included to pass quality assurance.

6A Agreement Signatures	
Referrer	
Signed:	
Name (please print):	
Parent/Carer	
By signing this document, I consent to:	
<ul style="list-style-type: none"> • the information contained in this report and the attached reports to be shared with the EY SEND Inclusion Fund in order to apply for additional funding to support my child. • 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. 	
Signed:	
Name (please print):	