# **Early Years Special Education Needs and Disabilities Inclusion Fund**

## **SENDIF Application Form- Tier Two**

|  |  |
| --- | --- |
| Decorative |  |

**Please send this form with all attached documentation to:**

**sen-finance@southwark.gov.uk**

**Monet McCrae, 4th Floor, Hub 2, Zone C, Southwark Council, PO Box 64529, London, SE1P 5LX**

  

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| --- | --- | --- | --- |
| **Child’s name** |  | **Setting name** |  |
| **Child’s address and postcode** |  | **Setting address and postcode** |  |
| **Date of birth** |  | **Applying officer** |  |
| **Age in months**  |  | **Date of application** |  |
| **Ethnicity**  |  | **Child’s diagnosis** **(If any)** |  |
| **Gender** |  | **Date of diagnosis** |  |
| **Date of admission** |  | **Known to social services** |  |
| [**Number of eligible hours**](#Eligible) |  | **Child protection or child in need** |  |
| **Actual number of hours attended** |  | **Looked after child** |  |
| **Language spoken at home** |  | **Eligible for DLA** |  |
| **Nature of child’s SEN (Special Educational Needs)** | Communication and Interaction  |  | Cognition and Learning  |  |
| Social, Emotional and Mental Health  |  | Sensory and/or Physical needs  |  |
| **Assessment information- where is the child developmentally?**  |  |

**Section one- Essential information**

**Section two- Other agencies involved**

| **Name** | **Role**  | **Contact** |
| --- | --- | --- |
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|  |   |   |
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**Section three- Parental consent- parents must provide their consent for application to the SENDIF (SEND Inclusion Fund) and for sharing of information with the Local Authority for the purpose of verifying their eligibility for 30 hours using the National Eligibility Checking Service (ECS).**

| **Parent’s name** |  |
| --- | --- |
| **Parent’s address and postcode** |  |
| **Parent’s telephone number**  |  |
| **Signature of consent** ***By signing this document, you are agreeing to the sharing of any information obtained, with all services and partner agencies.***  |  |
| **Date**  |  |

**Section four- 30 hours eligibility checker- if the child is eligible for 30 hours this section must be completed**

| **Parent’s National insurance number** |  |
| --- | --- |
| **HMRC Eligibility Code** **(11 digits)** |  |

**Section five- Tier two funding- Higher level needs only**

| **What strengths and what needs does the child have?** |
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| **What have you put in place so far to help the child?** |
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| **What has been the impact of the actions you have taken so far to help the child?** |
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| **Why do you believe the child needs the higher level of funding to support their needs?** |
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| **Explain how the higher level of funding will help you meet the child’s needs** |
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| **Explain how you will monitor and review the provision you will put in place to support the child, to ensure it is working** |
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| **What supporting information are you including in this application and why?** |
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|  |  |
| --- | --- |
| **Child’s Name** | **Setting name** |
| **Date of birth** | **Age in Months** |
|  |
| **Developmental stage in****months** | **Baseline** | **Term 1** | **Term 2** | **Term 3** |
|  | **CL** | **PSED** | **PD** | **CL** | **PSED** | **PD** | **CL** | **PSED** | **PD** | **CL** | **PSED** | **PD** |
| 0-6  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6-12 |  |  |  |  |  |  |  |  |  |  |  |  |
| 12-18 |  |  |  |  |  |  |  |  |  |  |  |  |
| 18-24 |  |  |  |  |  |  |  |  |  |  |  |  |
| 24-30 |  |  |  |  |  |  |  |  |  |  |  |  |
| 30-36  |  |  |  |  |  |  |  |  |  |  |  |  |
| 36-42  |  |  |  |  |  |  |  |  |  |  |  |  |
| 42-48 |  |  |  |  |  |  |  |  |  |  |  |  |
| 48-54  |  |  |  |  |  |  |  |  |  |  |  |  |
| 54-60 |  |  |  |  |  |  |  |  |  |  |  |  |

**Development Overview sheet**

Please complete this for both tier one and tier two funding applications. [Please refer to the guidance on completing the Development overview sheet](https://schools.southwark.gov.uk/early-years-foundation-stage/send-inclusion-fund-for-early-years-children?chapter=8)