**Application request for Early Years High Needs Funding**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of early years setting | |  | | | | | | | | | |
| Name of setting SENCO | |  | | | | | | Name of Area SENCO | |  | |
| Name of child | |  | | | | | | | | | |
| Child’s home address | |  | | | | | | | | | |
| Name and contact details of adult with parental responsibility | |  | | | | | | | | | |
| Is the child a Barnet resident? | | Yes | Looked after Child? (LAC) | | | | Yes | | If yes, by which LA |  | |
| No | No | |
| Date of Birth: |  | Gender: | | Male | | Child’s ethnicity: | | |  | | |
| Female | |
| The child attends as part of the free entitlement for 2 year olds (FEE2) | | Yes | | | The child attends as part of the free entitlement for 3 and 4 year olds (FEE3) | | | | | | Yes |
| No | | | No |

**Main areas of Special Educational Need or Disability**

1. **Cognitive and learning**

1. **Communication and interaction**

**(c) Social, emotional and mental health**

**(d) Sensory and/or physical needs**

**(i) Hearing Loss**

**(ii) Visual Impairment**

**(iii) Physical Disability**

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| --- | --- | --- | --- |
| **Please list names and outside agencies that are involved.** | | | |
| **Professional’s name** | **Professional’s role** | **How long have they been involved** | **Type of intervention (e.g. weekly at home, assessment etc.)** |
|  |  |  |  |

**PLEASE ATTACH ANY RELEVANT REPORTS and BACKGROUND INFORMATION**

|  |  |
| --- | --- |
| **What support/resources are required, including full costs?** | |
| **Support Required**  **(NO. OF HOURS PER WEEK NEEDED UP TO A MAX. OF 15 HOURS AND HOW LONG WILL THIS SUPPORT BE REQUIRED?)** | **Details and costs of**  **any resources required.** |
| **Days of child’s attendance (please circle all that apply)**  **MON AM PM**  **TUES AM PM**  **WED AM PM**  **THURS AM PM**  **FRI AM PM** |  |

**Please indicate how the additional adult and/or resources will be used to enable the SEN Support Plan Outcomes to be achieved.**

**PLEASE ATTACH THE SEN SUPPORT PLAN AND/OR HEALTH CARE PLAN AND RELEVANT REPORTS.**

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|  |

**Date discussed with parents and any comments:**

Please confirm that the parents have knowledge of this application  (please tick)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SENCO (if different)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to:

**John Sandow, SEN Placements, Financial Strategy and Information Co-Ordinator,**

**Children's Service, London Borough of Barnet, North London Business Park,**

**Oakleigh Road South, London N11 1NP**