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**SEN Inclusion Funding (SENIF) Application Form**

**Before completing the form**

* Please ensure you have read and understood the SENIF Criteria
* Please note the deadlines for submission of this form
* Please contact the Early Years Advisory Team for support if required

**Section 1**: **Details of Setting/School applying for funding**

|  |  |
| --- | --- |
| Name of Setting:   |   |
| Address:   | Address: Postcode:  |
| Email Address:   |   |
| Name of Manager or Headteacher:  |   |
| Name of SENCO:  |   |

**Section 2**: **Application details**

|  |  |
| --- | --- |
| **Date of application:** |  |
| **Term:** | Choose an item. |
| **Year:** | Choose an item. |
| **Name of child** Add rows if necessary | **DoB**e.g. 01.01.22 | **Gender**e.g. M or F | **Band****Applied for** | **Need Area**  | **Backing evidence available** | **Parental consent obtained** |
|  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
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|  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

**Specific Children Audit of Provision**

If you are applying for a child/ren who received SENIF previously a ‘Specific Children Audit of provision form’ will be required with this application.

Please briefly outline the needs of the child(ren) e.g. language, social, interaction, engagement, behaviour needs and state which services the child has been referred to or is working with e.g. SLT, Cheyne CDC, INSPIRE

|  |  |
| --- | --- |
| Name of child\* | Outline of need/Services working with |
|  |  |
|  |  |
|  |  |

\*Please group children with similar outlines of need

Please briefly outline the targets (linked to SEND Support Plan targets) you hope to achieve with this funding and the objective for the child.

|  |  |
| --- | --- |
| Name of child\* | Target  |
|  |  |
|  |  |
|  |  |

\*Please group children with similar targets

Please briefly outline the provision you intend to put in place with the SENIF funding, showing how the money will be spent.

|  |  |
| --- | --- |
| Name of child\* | Provision |
|  |  |
|  |  |
|  |  |

\*Please group children with similar provision

Please complete and return your SENIF application to:

School applications:

Phil Tomsett

Email: phil.tomsett@lbhf.gov.uk

Early years providers:

Andrea Lawler-Ford

Email: andrea.lawler-ford@lbhf.gov.uk

Janina Perera

Email: janina.perera@lbhf.gov.uk