**Use this to request Inclusion Grant Funding if you are an early years provider**

**About the child**

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| --- | --- | --- | --- |
| **Child’s name** |  | **DOB** |  |

|  |  |
| --- | --- |
| **Number of sessions child is attending** |  |
| **Number of hours per week** |  |
| **Hours EEF claimed for** |  |
| **If the child has a 30hr code, please provide it here** |  |

|  |  |
| --- | --- |
| **DLA** | Yes/No/In process/Not known |
| **DAF** | Yes/No/In process  If yes - what have you used the funding for? |

|  |  |
| --- | --- |
| **Has this funding request been discussed with parents/carers?** | YES / NO |
| **Number of hours funding requested per week** |  |
| **Proposed start and finish date for IGF:** | Start date: Finish date: |
| **Confirm start date of additional staff member being employed to provide this support- if staff member is already employed, please provide details** |  |

**Please check that you have included the following (as applications cannot be processed without these documents):**

|  |  |
| --- | --- |
| **Updated SEN Support Plan** that includes short term outcome/review cycles and is signed by parents (within the past 6 weeks) | YES / NO |
| **Proposed timetable of support** (for first applications)  To include:   * The additional hours of support in place or the provision that is to be in place * Provision on the timetable is specific (what, by whom, staff ration, location), matched to identified needs and based on evidence based approaches * Provision on the timetable matches the number of hours funding being requested | YES / NO |
| Updated timetable of support (for subsequent applications) | YES / NO |
| Copies of any relevant professional reports | YES / NO |

**About the provider**

|  |  |
| --- | --- |
| **Name of Early Years Provider** |  |
| **Total number of adults employed in setting** |  |
| **Total number of children in setting** |  |
| **Where applicable, include an overview of current Inclusion Grant Funding currently received, for how many children and how this is being used** |  |
| **Name of SenCo completing form** |  |
| **Contact email/tel** |  |
| **Date form submitted** |  |

***Please also refer to MKC Top-up Funding Guidelines:*** [***Support in school | Milton Keynes City Council (mksendlocaloffer.co.uk)***](https://www.mksendlocaloffer.co.uk/education-and-send/support-school)

We anticipate that in the majority of cases children’s needs in the early years can be met by good quality provision that takes into account the context of the cohort as a whole, and seeks to ensure that play opportunities/learning experiences are accessible for all in a flexible way that aligns with the EYFS statutory framework.

There are three types of decisions when considering inclusion grant funding requests:

* The child meets the criteria for inclusion grant funding
* The child does not meet the criteria for inclusion grant funding
* The child meets the criteria for inclusion grant funding, however, an adjusted amount has been agreed due to the information provided

Completed applications can be submitted at any time during term and will be considered in date order, at the closest forum meeting date with capacity. Applications will be considered during term time only.

The agreed amount for inclusion grant funding for the financial year 2023-24 is amount of £12.90 per hour.

Please note that if the application is not complete, funding will not be considered and settings will be advised and informed of the reason(s) why.