**ELEMENT 3 FUNDING APPLICATION FORM**

**FOR: Schools/Settings and Childminders**

**REQUIRING ADDITIONAL FUNDING FOR**

**Pre F1, F1 AND F2 PUPILS**

**Children and Young People who need Element 3 (or ‘Top up’) funding are those who have significant needs which require support additional to and different from that which is available from the delegated resource (i.e. from Single funding Formula – formerly NEG No.) as part of the School / Setting offer.**

In completing this application form please attach relevant documentation as evidence and refer to these in the application.

**Please indicate which documents you will be submitting to Special Education Service (SES).**

**You must include**

|  |  |
| --- | --- |
| Family Service Plan or child passport |  |
| EYFS Tracker |  |
| Next steps profile |  |
| External agency reports (at least 1) |  |

**You can also include**

|  |  |
| --- | --- |
| Minutes of reviews and other meetings |  |
| Integrated 2 year review |  |
| Timetable of current provision |  |
| Timetable of additional and different support |  |
| Current monitoring forms/individual planning record(EYST) |  |
| Positive behaviour plan/risk assessments/ABC charts |  |
| ASD tracker |  |
| Personal education plans (PEP) |  |
| Early Help referral |  |
| Other |  |

Name of school, setting or childminder………………………………………………………………

EY Single Funding Formula Number (was NEG No.) ……………………………………………..

Briefly describe your setting

*Include information about your environment e.g.do you have 1 large space in church hall Current ratio of adults to child and other children with SEND who may effect ratios*

**Section 1: PUPIL INFORMATION**

Child’s Full Name …………………………………………………………………………..

Date of Birth …………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| Gender  ***(please tick box)*** | Male | Female |

|  |  |  |  |
| --- | --- | --- | --- |
| African Asian |  | Bangladeshi |  |
| Indian |  | Other Asian |  |
| Other Asian |  | Pakistani |  |
| Other Black African |  | Black Caribbean |  |
| Any other Black Background |  | Somali |  |
| Chinese |  | White/Black African |  |
| White/Asian |  | White/Black Caribbean |  |
| White European |  | British |  |
| Irish |  | Traveller – Irish Heritage |  |
| Other White |  | Roma / Roma Gypsy |  |
| Any other mixed background |  | Any other Ethnic Group |  |

Ethnicity

|  |  |  |  |
| --- | --- | --- | --- |
| Year Group  ***(please tick box)*** | Pre F1 | F1 | F2 |

Parent / Carer’s Name ……………………………………………………………………

Family Language ………………………………………………………………………….

Type of SEN

|  |  |
| --- | --- |
| Severe Learning Difficulties |  |
| Profound & Multiple Learning Difficulties |  |
| Moderate Learning Difficulties |  |
| Specific Learning Difficulties |  |
| Speech, Language and Communication |  |
| Social, Emotional and Mental Health Difficulties |  |
| Hearing Impairment |  |
| Visual Impairment |  |
| Multiple Sensory Impairments |  |
| Physical Impairment |  |
| Autism Spectrum Disorder |  |
| Other – Please Specify |  |

|  |  |
| --- | --- |
| Yes | No |
| ***(Please tick box)*** | |

Is the child a ‘Looked After Child’ (LAC) i.e. in foster care

*Does the child receive a 2 year FEEE place (funded early education entitlement)*

|  |  |
| --- | --- |
| *Yes* | *No* |
| ***(Please tick box)*** | |

**Section 2: DESCRIPTION OF CHILD’S SPECIAL EDUCATIONAL NEEDS/DISABILITY**

1. Outline the nature of your concerns including when the child’s additional needs were first identified.

*Refer to the child passport if appropriate*

1. You must discuss this application with parents/carers. Summarise their views regarding the support you are able to provide here.
2. Who else is involved in supporting this child? (E.g. Educational Psychologist, Speech and Language Therapist)

*Refer to the child passport if appropriate Include any referrals you have made which are pending*

1. Please provide information on the child’s development under the following areas:

|  |  |  |  |
| --- | --- | --- | --- |
| Communication & Interaction | Cognition and Learning | Social, Emotional & Mental Health | Sensory/Physical/  Medical |
|  |  |  |  |

1. Age ranges from EYFS or Next Steps document:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Communication and language | | Physical development | | Personal social and  emotional development | |
| Listening and attention |  | Health and self-care |  | Making relationships |  |
| Understanding |  | Moving and handling |  | Self-confidence and self-awareness |  |
| Speaking |  |  |  | Managing feelings and behaviour |  |

**Section 3: CURRENT PROVISION**

What are the outcomes that have been identified for the child and to what extent has the existing provision helped to achieve these?

*Include if appropriate;*

*Timetable outlining your current provision if the child already attends your setting. If the child has not been able to start at your setting, please explain why What adaptions have you already made to the curriculum/environment for this child*

**Section 4: ADDITIONAL & DIFFERENT SUPPORT REQUIRED**

Please give details of what additional support is required and how this will help the child meet the outcomes that have been identified.

*Include if appropriate;*

*A timetable of how additional support will be used. Any adaptions to the environment e.g. group size, staffing & resources etc. Any medical training needs e.g. epilepsy, enteral feeding, oxygen*

**Section 5: ATTENDANCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days that the child will attend | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| During which Hours? (Please Specify) **AM** |  |  |  |  |  |
| **PM** |  |  |  |  |  |
| Number of sessions child attends each week |  | | | | |
| Number of hours child attends each week |  | | | | |

**Section 6: COST**

Please refer to guidance note on how funding is allocated (Banding table). *If funding for medical training is needed, please note that this would be part of an overall package of support and would not be the exact cost. The amount allocated would be the closest band that corresponds with overall costs.*

Total amount requesting from Element 3 £…………………..

Please indicate below what time period/ s you are requesting the funding for.

Funding can be allocated on a yearly or termly basis.

Term (Autumn/Spring/Summer)…………………………..

Date Required from…………….. To ……………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Expenditure item:  Staff | Number of  Hours | Number of weeks | Breakdown:  Rate per hour/ on costs/ | Amount £ |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| Other items: |  |  |  | Amount £ |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| Total Costs |  |  |  |  |

**Section 7: CONTACT INFORMATION**

|  |  |
| --- | --- |
| Name of Setting/School/ Childminder : | Telephone Number: |
| Address: | Postcode: |
| Email: |
| Contact Name: | Address (if different from above): |
| Position Held: | Telephone Number: |
| ***I confirm that the additional provision will be provided to enable the school / setting / childminder to meet the above child’s needs and records of provision will be kept for audit purposes.*** | |
| Signature: | Date: |
| Please Print Name Here: | |
| Parent/Carer Signature: | Date: |
| Please Print Name Here: | |