**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) |  |

**Any of the documents below will support your application.**

**Include if you can**

|  |  |
| --- | --- |
| 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 |  |

**The application will not be considered without the documents in the first box**

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

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

Briefly describe your setting

*Include information about your environment Current ratio of adults to child and other children with SEND who may effect ratios*

* This is the universal support you give to children including those with SEND.
* It is important that you explain what you environment is like? E.g., is it in a church hall, open plan etc and state any restrictions or issues that the environment may have.
* What are your current ratios without additional support and how does that effect what you can provide for the child
* Are there already children with identified SEND within your setting and does that effect staff ratios

**Section 1: PUPIL INFORMATION**

**Please ensure spelling is accurate and that the child’s details are as stated on Birth records.**

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

Please specify the child’s SEND. An individual may have special needs that will cut across more than one area. You may want to tick more than one box.

|  |  |
| --- | --- |
| 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

Name of social worker ………………………………………

*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*

* Describe your concerns and how it effects the child in your setting (what is the child having difficulty accessing in your setting)
* Include any diagnosis or a disability
* When were the concerns identified?
* Who has identified concerns? (Parents or you)
* Does the child have a disability that was identified at birth
1. You must discuss this application with parents/carers. Summarise their views regarding the support you are able to provide here.

Describe the discussion you have had with parents and carers around the issues you have meeting their child’s needs and their feelings about additional support

1. 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*

List all the professional already involved with the child and note down any professionals who you have referred to and when you referred

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

This section provides information of the child’s SEN in 4 broad areas of need identified in the Code of Practice. Some children will have needs that cut across all these areas of need or maybe limited to 1 to 2 areas. It’s a recognised that social emotional and mental health difficulties does not necessarily mean a child has a SEN but are often a reflection of another underlying special educational need.

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

1. Age ranges from EYFS or Next Steps document:

Please provide age related progress within the 3 prime areas using the EYFS or EYST 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*

Include the outcomes that have been identified for the child and describe the additional support you are giving to the child within your current funding in order to try to meet these outcomes. Explain to what extent have you been able to do this within your current arrangements.

**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*

* Please give details of what additional support is required and how this will links to the child’s outcomes.
* Enclose a timetable showing the child’s schedule while they are at the setting and indicate what the additional support will be needed e.g. feeding, changing, language work.
* Indicate if the child needs 1 to 1 support or small group support depending on what is happening. Does the child need a quiet area or someone to greet them in the morning? Does the child need hand over hand support to access activities? Does the child have specialist seating/standing frame and need a change of position?
* Do staff need training in order to meet their medical needs such as enteral feeding, epilepsy, oxygen? (This does not include generic training around SEND)

**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 the relevant banding table below depending on whether you are a school, setting or childminder. 15 hours is the maximum amount of funding that is available for settings in line with their entitlement through NEG funding. This would only be awarded for children with the most complex needs.

Mainstream school top –up rates (F2 and above)

|  |  |  |  |
| --- | --- | --- | --- |
| Band | Level | £ | Equivalent hours of TA support |
| 1 | Standard top up | 2272 | 13 to 20 hours  |
| 2 | High level top up | 5636 | 21 to 25 hours  |
| 3  | Exceptional top up  | 8900 | 26 plus hours  |

Nursery top up rates (including F1 in mainstream Schools).

|  |  |  |
| --- | --- | --- |
| Band | Annual Funding( £) | Equivalent hours for a full time 15 hours child (hours) |
| 1 | 750 | 2.5 |
| 2 | 1500 | 5  |
| 3 | 2250 | 7.5 |
| 4 | 3000 | 10 |
| 5 | 3750 | 12.5 |
| 6 | 4500 | 15 |

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: |