Request for Emergency Element 3 Funding

**Leicester City SEND Support Services**

This form is **not** for pupils currently with Element 3 or an Education, Health and Care Plan.

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| Name of school: |  |
| Name and contact details of person completing the form: |  |
| Child / young person’s name:  |  |
| Date of birth: |  |
| Year group: |  |
| Student ID: |  |
| SENDSS link teacher(s): |  |
| Reason for request:(Please highlight)  | Has **significant** SEND needs and agreed in collaboration with LA SENDSS Professional(s):* New International Arrivals (collaboration with CPS)
* Crisis situation (removal from home, sudden hospital visits, life-changing incident, etc.)
* Significant escalation of behaviour (collaboration with SEMH / LCI team)
* Unidentified complex and enduring needs prior to starting school (collaboration with EYST, CPS & LCI)
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| Professional contacteddate: |  |
| Summary of need(s): |  |
| Provision provided by school: |  |
| Social care involvement date: |  |
| Health Involvement:  |  |
| Number of suspensions received in the last two termsdate: |  |
| Number of physical interventions received in the last two termsdate: |  |
| Is there a part time timetable in place now or has there been one historically? |  |
| Pupil referral unit request? Date  |  |
| EHCP Pathway initiated? Date: |  |
| Any other Information? |  |

Please return completed form to: qualityinclusion@leicester.gov.uk

Your request will be allocated to the next panel, and you will be notified via email.