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**SEND**

**Early Years Inclusion Fund Application Form**

**Sheffield**

* **Please complete this form alongside the** [**EYIF guidance**](https://www.sheffielddirectory.org.uk/media/ls1fpzbl/early-years-inclusion-funding-guidance-july-25.pdf)**.**
* **EYIF has to be applied for each academic year.**

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| **Child’s details** | | | | | |
| Name of Child |  | | Date Of Birth | | Click or tap to enter a date. |
| Current setting |  | | Setting E-mail | |  |
| Person submitting |  | | Setting Phone number | |  |
| Current Year Group | Choose an item. | | Hours attending per week (includes funded and non-funded hours) | | Choose an item. |
| Is this a new application, renewal, change of funding level or change of hours? | Choose an item. | | Parent/carer advised of application? | | Choose an item. |
| Does the child have an EHC Plan? | Choose an item. | | Primary need | | Choose an item. |
| Secondary need | | Choose an item. |
| EY Sheffield Support Grid level (highest need only).\* | Choose an item.  **(\*\*see guidance below for when selecting Level 5)** | | | | |
| Have SSG levels been moderated? | Choose an item. | | If yes, who moderated the SSG levels? | | Choose an item. |
| Entitled to FEL? | Choose an item. | | If yes, FEL hours per week | | Choose an item. |
| Disability Access Funding (DAF) | Choose an item. | | EFE hours per week (if appropriate) | | Choose an item. |
| **Sheffield SEND Services status and involvement** | | | | | |
| Team | | Involvement Status | | | |
| 0-5 SEND Service | | Choose an item. | | | |
| Autism Social Communication Team | | Choose an item. | | | |
| Educational Psychology Service | | Choose an item. | | | |
| Vision Support Service | | Choose an item. | | | |
| d/Deaf and Hearing Support Service | | Choose an item. | | | |
| **Health and Care status and involvement** | | | | | |
| Team | | Involvement Status | | | |
| Family Intervention Service (FIS) / Early Help | | Choose an item. | | | |
| Child in Need (CIN) | | Choose an item. | | | |
| Child Protection (CP) | | Choose an item. | | | |
| Child Looked After (CLA) | | Choose an item. | | | |
| SNIPS | | Choose an item. | | | |
| Ryegate / Sheffield Children’s Hospital inc. SALT, Occupational Therapy, Physiotherapy | | Choose an item. | | | |
| **EYIF Application Evidence Checklist**  **(Please check the boxes and send evidence with this application form)** | | | | | |
| Check undertaken that the application form has been completed, parent/carer consent received, DAF advised and FEL/EFE hours added (if appropriate). | | | |  | |
| Evidence attached of assessment of the child’s development against the relevant areas of the EYFS. | | | |  | |
| Evidence attached of actions by the Early Years setting to meet the child’s needs to date, including evidence of two completed cycles of the graduated response (Assess, Plan, Do Review) | | | |  | |
| EY Sheffield Support Grid Levels detailed. | | | |  | |
| Arrangements made during group and individual activities to facilitate the child’s access and inclusion have been detailed. | | | |  | |
| The Early Years Settings views (could be part of a support plan). | | | |  | |
| Parent/carer views included (either as part of support plan/meeting meetings or included in the further supportive notes below) | | | |  | |
| Evidence attached of reports from any specialist/medical services involved including their views, if appropriate (leave the box unchecked if no reports). | | | |  | |
| **Further Supportive Notes** | | | | | |
| Please add notes to support the application including referrals made to other services not listed.  If your setting is in receipt of DAF for the child, please detail how this has been utilised. | | | | | |

**Send completed forms and evidence to 0-5 SEND via 0-5 Anycomms. This is the preferred method. If no access to Anycomms, please send password protected to** [**0-5SEND.SupportService@sheffield.gov.uk**](mailto:0-5SEND.SupportService@sheffield.gov.uk)

**NB: Early Years Providers are also reminded to claim Disability Access Funding for eligible children to help to support them support within the provision:**

*A child who is eligible for free early years educational entitlement, aged 3 or 4 years and in receipt of Disability Living Allowance, the Early Years setting will be able to claim a Disability Access Funding (DAF) payment. This funding should be utilised in the first instance prior to claiming EYIF. Providers should consider the eligibility criteria for DAF when making an application for EYIF.*

For more information on DAF please visit: [Childcare funding for children with SEND (including Disability Access Fund) | Sheffield SEND Local Offer (sheffielddirectory.org.uk)](https://www.sheffielddirectory.org.uk/localoffer/education-and-learning/early-years-send/childcare-funding-for-children-with-send-including-disability-access-fund/)

\*EYIF is allocated based on the child’s identified Sheffield Support Grid level. Please note, levels are always subject to change as a child progresses through their educational life. The agreed level for funding does not mean the SSG level has been moderated in this instance. To request an amend to the funding amount due to a change in grid level, please submit a new application form along with the evidence (select “Change of funding level” on the form). All funding is subject to audit by the Local Authority at any point throughout the academic year.

\*\*Children placed at Level 5 on the grid are recognised as having exceptional levels of need. Where a child is placed at Level 5 need or provision, in any area of the Early Years Sheffield Support Grid Exemplification document, it is expected that this level will be allocated alongside moderation agreement from Local Authority representation (e.g. 0-5 SEND Teacher, Autism Teacher, Locality SEND Manager, NHS Health services and/or Educational Psychology Service) – in conjunction with agreement from other professional outside agencies, parents/carers and setting staff.