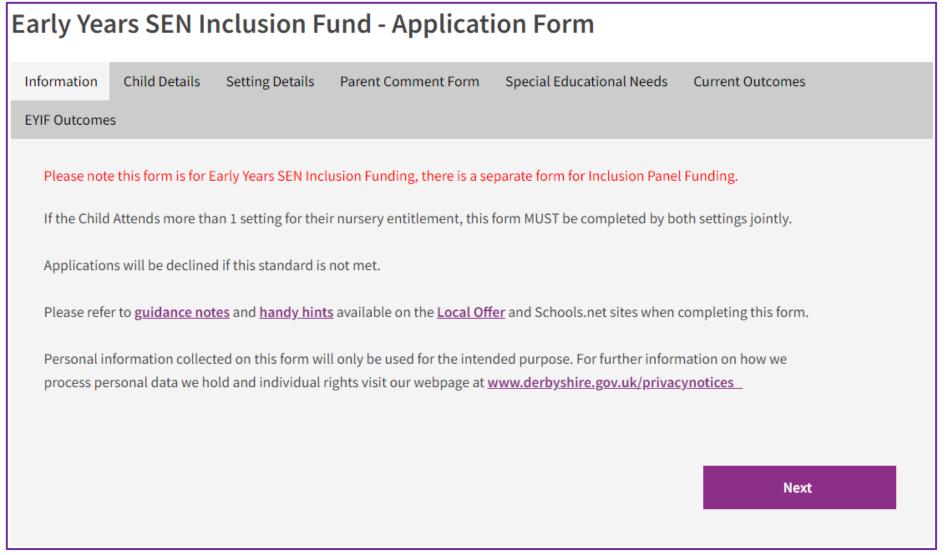


Applications for Early Years Inclusion Funding



You will find the form on the alphabetical list under 'E' for Early Years Inclusion Funding. The first form is for new applications and the second form is for evaluating a current award which will expire soon.



Please refer to the guidance notes and handy hints on the Derbyshire Local Offer to help you complete the form.

- <u>Derbyshire Local Offer EYSEN Inclusion Fund Guidance Notes</u>
- <u>Derbyshire Local Offer EYSEN Inclusion Fund Handy Hints</u>

arly Years SEN Inclusion Fund - Application Form								
ormation	Child	Details	Set	tting Details	Parent Comment Form	Special Educational Needs	Current Outcomes	S
FOutcome	25							
First Name	e *							
Name								
Legal Surr	name *							
Surname								
Preferred Surname Date of Bin 06/09/20	rth *	ie						
Surname Date of Bin 06/09/20	r th * 24	r 2024 ≫	,					
Surname Date of Bin 06/09/20	rth * 24 eptembe	r 2024 »			Malo			
Surname Date of Bin 06/09/20 c « Se Su Mo 25 26	rth * 24 rptembe Tu We 27 28	r 2024 » Th Fr 29 30	Sa 31		Male			
Surname Date of Bin 06/09/20 c « Se Su Mo 25 26 1 2	th * 24 Tu We 27 28 3 4	r 2024 » Th Fr	Sa 31 7		Male Female			
Surname Date of Bin 06/09/20 c « Se Su Mo 25 26 1 2 8 9	th * 24 Tu We 27 28 3 4	r 2024 » Th Fr 29 30 5 6 12 13	Sa 31 7 14					
Surname Date of Bin 06/09/20 c « Se Su Mo 25 26 1 2 8 9 15 16	th * 24 Tu We 27 28 3 4 10 11	r 2024 >> Th Fr 29 30 5 6 12 13 19 20	Sa 31 7 14 21					

The form works like other online forms with drop-down options, date functions and address searches. If the postcode search doesn't work, there is an option to enter the address manually.

Child Address Details		
Search address by street or postcode *		
DE4 3GY		
Select address		
Select	~	
Cannot find address - enter manually		
Flat number or flat name, Apartment, Floor	123	
House number or name		
Street name	School Lane	
Village / Locality		
Town / City	Matlock	
County	Derbyshire	
Postcode		

This screenshot shows an example of the address field which has been manually populated.

Parent/Guardian Contact Number *	
01629567123	
Date Request is Sent *	
19/09/2024	
Is the Child known to Social Services? *	
Yes	
No	
s the Child in care of the authority? *	
Yes	
No	
Previous	Next

At the end of each section, will need to click next to continue with your application.

Early Years SEN Inclusion Fund Application Form Guidance - Public

Information Child Details Setting Details 🕒 Parent Comment Form Special Education	Current Setting Details
EYIF Outcomes	Please provide details of the child's current setting
Current Setting Details Please provide details of the child's current setting	Please select your Setting Name Childminders are listed as Surname first If your setting does not appear please tick the box below and add the name of the setting manually Select Cannot find setting - enter manually
Please select your Setting Name Childminders are listed as Surname first If your setting does not appear please tick the box below and add the name of t manually	Setting Name
Select	Happy Times Nursery and Preschool
	Date Child started at Setting *
	15/04/2024
Select Abbotsholme School, ST14 5BS ABC Nursery School Ltd, S43 3XN Abercrombie Primary School, S41 7LP	Number of Nursery Education hours accessed per week * Please be sure to identify how many hours of FEEE you are claiming for this child. 15
Adams, Karen, DE23 3WG	Attendance Pattern *
Adamson, Zoe, DE56 1HJ	For example "Mon - Fri 09:00 - 1:00 Term Time Only"
Adcock, Michelle, DE5 3EW	Mon and Tues 9-3 and Thursday 9-12
	Please select the type of setting * A Maintained Nursery Class A Maintained Nursery School PVI Sector

The next section is 'Setting details'. All settings should be on the list in alphabetical order (childminders are listed surname first). If, however, you can't find your setting on the list, there is an option to enter it manually.

Please provide the name and position of person making the request. First Name * Rebecca Surname * Jones Please enter your email address below
First Name * Rebecca Surname * Jones
Rebecca Surname * Jones
Surname * Jones
Jones
Please enter your email address below
rebecca.jones2@derbyshire.gov.uk
Please re enter email address
rebecca.jones2@derbyshire.gov.uk
Telephone Number *
01629357135
Position *
Setting SENCO

Then fill in your details as the requester.





Tell us if you are in receipt of disability access funding (DAF) for the child and if yes, how you have used this money to support them.

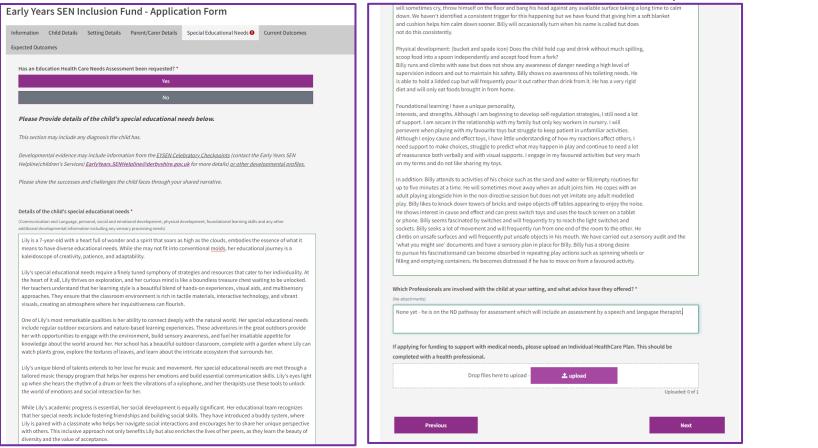
Tell us if the child attends another setting – if they do you should be working with the other setting to complete this application.

Early Years SEN Inclusion Fund - Application Form	DERBYSHIRE County Council	Controlled on completion	
Information Child Details Setting Details Parent Comment Form Special Educational Needs Current Outcomes	Parent/Carer Report for Consideration Early Years SEN Inclusion Fund		
EYIF Outcomes	Your child's name:		
	Your child's date of birth:		
Parent/Carer Comment Form	Tell us what your child likes doing:		
If the parent comment form has been completed, please attach it below using the upload button			
Drop files here to upload - Lipload parent comment form			
Uploaded: 0 of 1			
	What are your child's main difficulties?		
Previous Next			
	is there anything else that you want to tell	l us about your child?	
	Your name: You	ur address:	
	Signed: Date	te:	

Upload the parent/carer voice form if that has been completed.

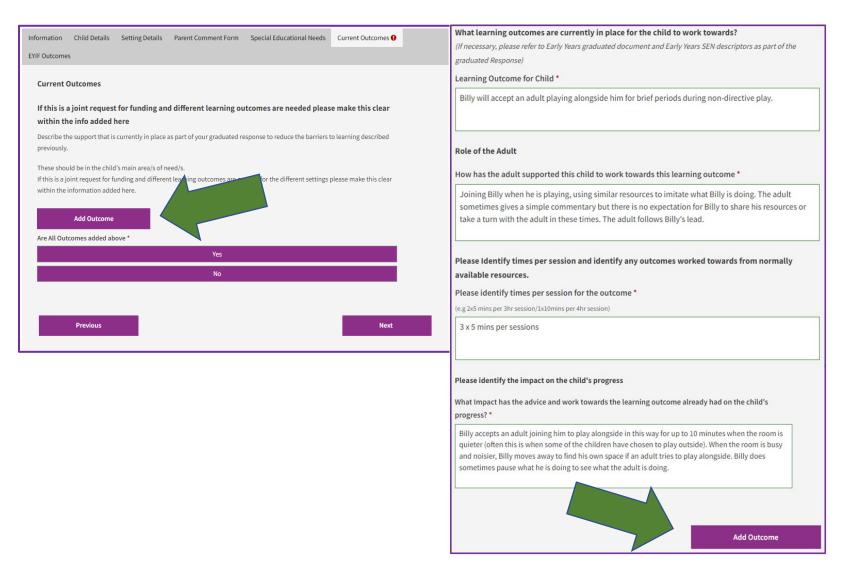
• <u>Derbyshire Local Offer – EYSEN Inclusion Fund Parent/Carer Report Form</u>

Early Years SEN Inclusion Fund Application Form Guidance - Public

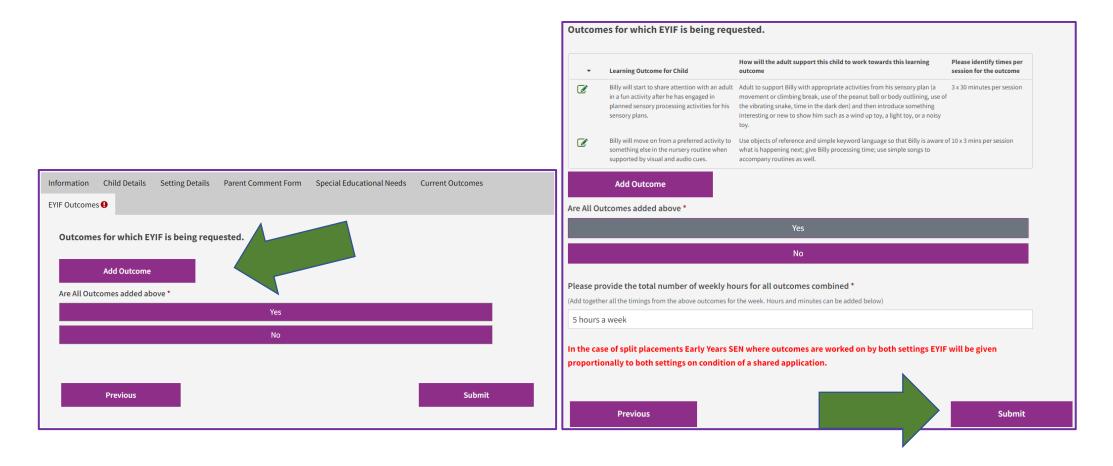


Give a description of the child's strengths, needs and developmental levels. Use the Celebratory checkpoint or other developmental profile. If a specialist teacher is working with a young child, you will have small steps developmental information to include. You must include this information so that panel can see whether the learning outcomes you request funding for are well matched to the child's level of development. If you identify that the child may have sensory processing needs, you should show how you have used the sensory processing needs toolkit materials to support.

If you are going to request funding to support medical needs, you MUST upload a copy of the child's individual healthcare plan here.



This is where you add the outcomes that you are currently working on, what the adult has been doing to support, their timings, and the impact they have had and the progress the child is making. Continue adding outcomes until you have told us about all of your current targeted support work.



Next, add the learning outcomes for which you are requesting funding and suitable timings for them. When you have added all learning outcomes, total up the time you are requesting for the whole week and then click submit.