# Barnet SEN Inclusion Fund (SENIF) Request Form

This fund offers a contribution towards the cost of enhanced support for children that are; aged two and in receipt of Early Years funding for two-year olds, aged three and four or and attending a registered Early Years Setting. Please read the terms and conditions of the SENIF application.

|  |  |  |  |
| --- | --- | --- | --- |
| New request/Resubmission: | Choose an item. | | |
| Date of request: | Click or tap to enter a date. | Hours requested: |  |

1. Child/Young Person details

|  |  |
| --- | --- |
| Child’s first name: |  |
| Child’s surname: |  |
| Date of Birth: | Click or tap to enter a date. |
| Age in months: |  |

Areas of need

|  |  |
| --- | --- |
|  | Communication and interaction |
|  | Cognition and learning |
|  | Social, emotional and mental health |
|  | Sensory and physical |
|  | Other: |

Is the child known to the following teams/services?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Service/Team | Practitioner | Report included? |
|  | Early Years SEND Advisory Team |  | Choose an item. |
|  | BEAM |  | Choose an item. |
|  | Advisory Teachers |  | Choose an item. |
|  | Community Paediatrician |  | Choose an item. |
|  | Speech & Language Therapist |  | Choose an item. |
|  | Physiotherapist |  | Choose an item. |
|  | Occupational Therapist |  | Choose an item. |
|  | Health Visitor/Community Nursery Nurse |  | Choose an item. |
|  | Other (name service or team) |  | Choose an item. |

1. Provider/Setting details

|  |  |  |
| --- | --- | --- |
| Provider/Setting Name: |  | |
| Provider address **including postcode:** |  | |
| Ofsted URN: |  | |
| Ofsted judgement & date: |  | |
| Name of person completing form: |  | |
| Phone number: |  | |
| Email address: |  | |
| When did the child start at your setting? | |  |
| When is the child due to leave your setting? | |  |
| If the child has not yet started at your setting what is their **expected** start date? | |  |
| Total number of hours attending per week? | |  |

Attendance Pattern (hours attending/expected on each day)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |
|  |  |  |  |  |
| What has the pattern of attendance been? | | |  | |
| If not, what are the barriers? For example ill health or hospital appointments. | | |  | |

1. Shared Provision

|  |  |
| --- | --- |
| Name of other provider (where applicable): |  |
| Hours attended per week: |  |
| Is the other Provider aware of this application? |  |

1. Parental Agreement

|  |  |
| --- | --- |
| Please enter date when this form was discussed with parents and parental agreement given: |  |

1. Child’s Eligibility for Early Education Entitlement

|  |  |  |
| --- | --- | --- |
| Eligible for: | Choose an item. | |
| Eligibility No. (30hr code): |  | |
| Primary school expected date of entry: | |  |
| Is/has a request for an Education, Health and Care Needs  Assessment been/being submitted? | |  |
| When was this submitted to the Local Authority? | |  |

1. Other Funding Streams

|  |  |
| --- | --- |
| Is the family in receipt of Disability Living Allowance (DLA)? | Choose an item. |
| Has your setting received the Disability Access Fund (DAF) for the child? | Choose an item. |
| Is so, how have you used this funding? | |
| Is your setting in receipt of Early Years Pupil Premium (EYPP) funding for this child? | Choose an item. |
| Is so, how have you used this funding? | |

## Please fill out EITHER section 7 or 8

1. If child has NOT YET started at your setting:

|  |
| --- |
| What will you do to support the child’s transition into your setting? For example home visits, meeting with the child’s parents/carers, stay and play sessions etc. |
|  |
| If funding is agreed, how will you use it to meet the child’s individual needs? For example training for staff, purchasing resources or providing enhanced staffing at key times throughout the day. *(Please note if you plan to use the funding as a contribution towards enhanced staffing you need to explain why this will benefit the child.)* |
|  |
| How will you monitor the impact of the funding? |
|  |

1. If child is already attending your setting

**Current Summative Assessment (use Early Identification Toolkit to Support)**

|  |  |
| --- | --- |
| Area of Need | Description of Needs |

**Communication**

|  |  |
| --- | --- |
| How am I communicating? |  |
| How do I indicate choice? (verbally/non-verbally/gestures/eye gaze/vocalisations) |  |
| When do I seek to initiate communication or when do I simply respond to others? |  |
| How do I initiate? |  |

**Social Interaction (PSE)**

|  |  |
| --- | --- |
| How do I interact with others around me? |  |
| How do I interact with my peers? Am I aware of them? Do I react to them? |  |
| How do I respond to familiar/unfamiliar adults? |  |
| How do I initiate social interaction? |  |

**Play/Cognition**

|  |  |
| --- | --- |
| How am I showing interest in/engaging with play opportunities? |  |

**Physical development**

|  |  |
| --- | --- |
| How am I using my gross and fine motor skills? (Dressing/undressing/ mobility/handling toys) |  |
| How do I move around? |  |
| What are my feeding and self-care needs? |  |

**Regulating my needs**

|  |  |
| --- | --- |
| What do I do if I am overwhelmed or upset? |  |
| Do I have sensory needs, sensitivities or sensory seeking behaviours e.g. visual, auditory, touch, body movements? |  |

**What strategies are you already implementing to support the child?**

|  |  |
| --- | --- |
| **Strategy** | **Impact of Strategy** |
|  |  |
|  |  |
| If your request for funding is agreed, how will you use it to meet the child’s individual needs? *(Please note if you plan to use the funding as a contribution towards enhanced staffing you need to explain why this will benefit the child.)* | |
|  | |
| How will you monitor the impact of the funding? | |
|  | |
| Group Application (please link names and how you will use the funding as a group) | |
|  | |

SENIF should be used in conjunction with other funding streams such as the Disability Access Fund (DAF) and Early Years Pupil Premium.

* Providers MUST send this form securely to [SENIFS@barnet.gov.uk](mailto:SENIFS@barnet.gov.uk)
* Providers MUST send any supporting evidence with this request.

*There needs to be evidence of the Assess, Plan, Do Review Process. You are required to submit* ***at least one*** *Sen Support Plan or Health Care Plan. A transition plan is required for those who will be joining your setting who have known SEN Needs.*

Please tick the box to show which information you have attached:

SEN Support Plan

Transition Plan

Health Care Plan

Reports from other professionals

By completing and signing this application you are agreeing to the SENIF terms and conditions.

|  |  |
| --- | --- |
| Signed: |  |
| Position: |  |

Data Protection

Barnet Council will process personal information included in this document in accordance with the General Data Protection Regulation 2018.