

## SEN Inclusion Fund Request Form

Please note that completion of this form is the only means by which a request for SEN Inclusion Fund can be made.

Requests for SEN Inclusion Funding can only be made by early years providers in the borough of Hounslow that are Ofsted registered and provide government funded places.

	Yes	No
Have you read the SEN Inclusion Fund Terms and Conditions and understand the conditions of use?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read the SEN Inclusion Fund Eligibility Criteria Guidance before making this request?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child's parent/carer in agreement to this request?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Child Information</b>	
First name(s)	
Surname (in uppercase)	
Date of birth	
Home address	
Postcode	
Email	
Telephone	

<b>Placement Information</b>											
Name of early years provider ( <i>please use Ofsted registered name</i> )											
Email ( <i>to be used for all correspondence related to SEN Inclusion Fund</i> )											
Date child started at provision / due to start ( <i>sufficient time should be given to allow for settling</i> )											
Type of placement ( <i>please select 'Funded' if the child is in receipt of any type of government funding even if they attend any additional hours that are non-funded</i> )	<input type="checkbox"/> Funded <span style="margin-left: 100px;"><input type="checkbox"/> Non-funded</span>										
If 'Funded', please select funding type	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="padding: 5px;">9 months to 2 years funded (15 hour working families entitlement)</td> </tr> <tr> <td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="padding: 5px;">2- year funded (receiving additional forms of government support)</td> </tr> <tr> <td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="padding: 5px;">2- year funded (15 hour working families entitlement)</td> </tr> <tr> <td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="padding: 5px;">3- and 4- year funded (15 hour universal entitlement)</td> </tr> <tr> <td style="text-align: center; vertical-align: top;"><input type="checkbox"/></td> <td style="padding: 5px;">3- and 4- year funded (30 hour working families)</td> </tr> </table>	<input type="checkbox"/>	9 months to 2 years funded (15 hour working families entitlement)	<input type="checkbox"/>	2- year funded (receiving additional forms of government support)	<input type="checkbox"/>	2- year funded (15 hour working families entitlement)	<input type="checkbox"/>	3- and 4- year funded (15 hour universal entitlement)	<input type="checkbox"/>	3- and 4- year funded (30 hour working families)
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<input type="checkbox"/>	3- and 4- year funded (30 hour working families)										

		entitlement)
	<input type="checkbox"/>	3- and 4- year funded (15 hours extended of 30 hour entitlement)
Is child accessing their full government funding entitlement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'No', please state the number of hours the child attends per week		
Please tick reason child not accessing their full government funding entitlement	<input type="checkbox"/>	Not applicable
	<input type="checkbox"/>	Hours not available at provision
	<input type="checkbox"/>	Parental choice
	<input type="checkbox"/>	Reduced Timetable
	<input type="checkbox"/>	Other
If 'Other', please specify		
If 'Non-funded', please state the number of hours per week the child attends		

<b>SEN and Disability Information</b>		Yes	No
Is child in receipt of Disability Living Allowance (DLA)?		<input type="checkbox"/>	<input type="checkbox"/>
If you answered 'Yes' to the above? Please check if child is eligible for Disability Access Fund (For further information go to Hounslow Local Offer – Disability Access Fund)		<input type="checkbox"/>	<input type="checkbox"/>
Is child undergoing an EHC needs assessment?		<input type="checkbox"/>	<input type="checkbox"/>
If 'Yes', date EHC needs assessment started			
Primary area of concern (please tick/check only <u>one</u> box):			
Developmental Delay (DD)	<input type="checkbox"/>	Personal, Social and Emotional Difficulties (PSED)	<input type="checkbox"/>
Hearing Impairment (HI)	<input type="checkbox"/>	Speech Language & Communication (SLCN)	<input type="checkbox"/>
Visual Impairment (VI)	<input type="checkbox"/>	Social Communication Difficulties (SCD)	<input type="checkbox"/>
Physical Need / Disability (PN/PD)	<input type="checkbox"/>	Autistic Spectrum Disorder (ASD)	<input type="checkbox"/>
Profound & Multiple Learning Difficulties (PMLD)	<input type="checkbox"/>	Other	<input type="checkbox"/>
If 'Other', please specify			
Information on diagnosis, disability, medical condition and/or areas of need that have been identified by outside professionals			

**Assessment Information (Using Birth to 5 Matters non-statutory guidance for the EYFS [2021] provide current assessment information) – Please ensure box is checked in both Range and Emerging / Developing / Secure**

State age of child in months at point of assessment

Personal, Social and Emotional Development	Range						Emerging	Developing	Secure
	1	2	3	4	5	6			
	0 - 12 months	12 - 18 months	18 - 24 months	24 – 36 months	36 - 48 months	48 - 60 months			
Making relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication and Language	Range						Emerging	Developing	Secure
	1	2	3	4	5	6			
	0 - 12 months	12 - 18 months	18 - 24 months	24 – 36 months	36 - 48 months	48 – 60 months			
Listening and attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Development	Range						Emerging	Developing	Secure
	1	2	3	4	5	6			
	0 - 12 months	12 - 18 months	18 - 24 months	24 – 36 months	36 - 48 months	48 - 60 months			
Moving and handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please provide any additional assessment information that you have completed to support the above judgements**

**Descriptors of need: Please provide quality statements in each section below referencing each of the areas / describing the nature of the child's needs (*Insufficient information will result in the request being declined*)**

**Communication and interaction**

- *Listening and attention*
- *Understanding*
- *Expressive communication/speaking*
- *Social interaction*

**Cognition and learning**

- *Learning style (refer to characteristics of effective learning)*
- *Play skills and imagination*

**Social, emotional and mental health difficulties**

- *Separation/setting*
- *Making relationships*
- *Managing feelings and behaviour (self-regulation)*
- *Managing changes/transitions*

**Sensory and/or physical needs**

- *Gross motor skills*
- *Fine motor skills*
- *Sensory*

**Hygiene and personal needs**

- *Feeding*
- *Toileting*

**What do you consider overall level of need to be? This is an indicator and does not determine the outcome of the SEN Inclusion Fund Panel's decision (please tick/check only one box):**

<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Significant	<input type="checkbox"/> Profound/Complex
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**Agencies / Professionals child known to (include referral and/or assessment information)**

Health Professional	Referred to		Date of referral	Known to		Date of last assessment
	Yes	No		Yes	No	
Health Visitor 2 Year Health Check	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Speech and Language Therapist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Occupational Therapist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Paediatrician (Child Development Clinic)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)						
Education Professional	Referred to		Date of referral	Known to		Date of last assessment
	Yes	No		Yes	No	
Children's Centre Practitioner	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Educational Psychologist	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Portage Home Visiting Team	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
SEN Specialist Team (Hearing Impairment)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
SEN Specialist Team (Visual Impairment)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)						
Social Care						
Known to a Social Worker	<input type="checkbox"/> Yes		<input type="checkbox"/> No			

**Please ensure that you send any supporting evidence / assessments / reports that you have available from outside agencies / external professionals.**

**Early Intervention Information**

Child is on SEND Support Register	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Targeted plan is in place and being implemented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Targeted strategies and interventions in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Advice from outside agencies/professionals being implemented	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Current Targets / Strategies (taken from current targeted plan and/or recommendations from professionals and/or outside agencies)


**How do you intend to use the SEN Inclusion Funding?**

- To build capacity within the setting with additional staffing to support specific interventions / strategies for the child with SEND
- Specialist or one-off training to upskill whole team or staff member(s) linked to individual child's needs
- Purchase of resources / equipment to support specific interventions / strategies

If you only ticked to 'Purchase resources / equipment' you must provide a description along with total cost

Description of Resources / Equipment	Total Cost

- Other

If you ticked 'Other', you must provide a description along with total cost

Description of Resources	Total Cost

**View/Comments of Parent(s)/Carer(s)**

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**Early years provider Declaration**

The information provided on this SEN Inclusion Fund Request Form is accurate.

I confirm that if the child is in receipt of government funding entitlements that the hours stated in this request are in line with government funding entitlements claimed via the Synergy Provider Portal.

I confirm that the purpose of this request and the content of the form has been discussed/shared with the Parent/Carer and that they understand that the information provided in this form will be discussed by professionals for the purpose of

requesting additional funding for their child and that they agree to the sharing of this information. Also, they are aware that it will be held by Hounslow and may be used by the Council and other partner organisations.

I confirm that the Parent/Carer is aware their personal data and that of their child will be processed in accordance with UK data protection legislation on the basis of public duty to comply with legislation such as the Children and Families Act 2014. They have also been made aware of the full Children's Social Care, Education and Early Intervention Privacy Notice available at [www.hounslow.gov.uk](http://www.hounslow.gov.uk).

Name of professional who has completed Request Form	
Designated role	
Date	

**Returning by email:**

To ensure compliancy with General Data Protection Regulations (GDPR), please ensure the SEN Inclusion Fund Request Form and any supporting evidence are sent securely to [seninclusionfunding@hounslow.gov.uk](mailto:seninclusionfunding@hounslow.gov.uk).

**Returning by post:**

Please allow 7 working days for the SEN Inclusion Fund Request Form to be received and ensure that you have covered full postage costs.

**Send to:**

Early Years SEN Team  
SEN Inclusion Fund (Request)  
4<sup>th</sup> Floor – Hounslow House  
7 Bath Road  
Hounslow  
TW3 3EB