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|  | **School-based nurseries** **Activity Led Funding in Inclusion** **Change of hours**  |

**Regarding a change of hours for a child currently receiving ALFI, please complete this form only.**

**Please note: You are not required to virtually attend the ALFI board to support a change of hours.**

**Applications will only be considered if all sections are completed and submitted within the timeframe.**

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| **Child & family details** |
| **Child’s Name** |  |
| Date of Birth: |  | Chronological Age: |  |
| Full address  |  |
| **Parent/Carer 1**  |  | Does the parent/carer have Parental Responsibility? | Yes No |
| If ‘No’, who does have Parental Responsibility? |  |
| Full address  |  |
| Telephone number  |  | Email address  |  | DOB |  |
| **Parent/Carer 2** |  | Does the parent/carer have Parental Responsibility? | Yes No  |
| If ‘No’, who does have Parental Responsibility |  |
| Full address  |  |
| Telephone number  |  | Email address  |  | DOB |  |
| **School-based nursery details:** |
| School-based nursery& full address |  |
| Telephone number |  |
| Email address |  |
| **Change of hours** |
| Current hours of attendance at your setting |  |
| NEW hours  |  |
| Date ALFI received  |  | Level of ALFI |  |
| Date of ALFI Board for this application change to be considered |  |
| **Request made by** |  |

**Parent Consent**

* I give consent for this application to the ALFI Board to help support the needs of my child in their early years setting. I confirm that I have been involved in the completion of this form and I am happy that any relevant information is shared with members of the ALFI Panel.

All Board members will follow the guidance from Torbay Council that clearly sets out processes and principles for sharing information internally and with third parties. The ALFI Board is made up of the following members:

* Advisory Teacher for Early Years Inclusion
* EHCP Monitoring Officer
* Senior Early Years Advisory Teacher;
* Finance & Business Officer, Early Years;
* Business Support Officer SEN;
* Early Years Practitioner from a Torbay EY setting (voluntary) x 2

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| **Parent / Carer Signature:** (There **must** be a signature) |
|  | Date |

**All applications should be emailed to**

earlyyearssend@torbay.gov.uk