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| **Application for Consideration at Funding Panel** |

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| **Name of Caseworker / Person making the request** |  |
| **Name of Young Person** |  |
| **Primary Area of Need** |  |
| **Year group** |  |
| **School/Provision –** *for EY please state if at PVI or Maintained and when they are due to start reception.* |  |
| **Date of application** |  |
| **Request number** |  |

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| **What type of Plan is this application for? (please highlight)** | | | | | |
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| **What type of Plan is this application for? (please highlight)** |
| * **a new plan** * **additional provision for an existing plan** * **additional provision for a draft amended plan** * **A YP new to Torbay** * **Other** *(please specify)* |
| **Reason for Application (what has changed and what is the evidence for this?** eg attendance/behaviour data, new diagnosis, standardised assessments etc**)** |
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| **Please be very specific about what is being requested, the timescale and costings.** (If this section is not completed comprehensively it will be returned). |
| **What is being requested and costings?** (please include current funding and what is being requested at this time)  **.** |
| **How long are you requesting this for?** |
| **How will the impact of this be monitored and how often?** |
| **Are there any cost avoidance implications?** (**NB for caseworkers only** - only complete if there is a clear alternative with a significant cost implication) |
| **What are the expectations from this request?** *(what will success look like/what outcomes will you be working towards?)* |
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| **Please use the box below to add anything else that you feel might be relevant to this application.** |
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| **Date of Panel and Funding Panel Decision (*NB to be filled in by the monitoring team)*** |
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