|  |
| --- |
| **Part 2: PVI settings** **Activity Led Funding for Inclusion (ALFI)**  |
| **Date of ALFI Board for consideration:** | **Date:** | Please indicate your preference regarding a morning or afternoon virtual appointment.  | Please highlight AM or PM |
| **Please highlight your preference for the virtual meeting** | I would prefer to see only **one** member of the ALFI Board  | I would prefer to see **all** of the ALFI Board members  |

**Section A - Part 2 will need to be completed for each child. Applications will only be considered if all sections are completed and submitted within the timeframe.**

|  |
| --- |
| **Child & family details**  |
| **Child’s Name** |  |
| Date of Birth: |  | Chronological Age: |  |
| Full address  |  |
| **Parent/Carer 1**  |  |
| Does the parent/carer have Parental Responsibility (PR)? | Yes No | If ‘no’, who does have PR? |  |
| Full address  |  |
| Telephone number  |  | Email address  |  | DOB |  |
| **Parent/Carer 2** |   |
| Does the parent/carer have Parental Responsibility (PR)? | Yes No  | If ‘no’, who does have PR? |  |
| Full address  |  |
| Telephone number  |  | Email address  |  | DOB |  |
| **Early Years Setting Details**  |
| Early Years Setting & full address |  |
| Telephone number |  |
| Email address |  |
| **Start date** at current setting |  | **Number of hours** **& Term Time or All Year Round** attending your setting e.g 12 hours AYR |  |
| If the child attends another setting, please name with hours. |  |
| Applied for ALFI previously? | Yes/No | Level Received  |  |
| Early Help involvement  | Yes | No |
| Referred to Educational Psychology | Yes/No |
| Date of referral |
| Request made by |  |
| **Other Professionals Involved**  |
| **Name** | **Role** | **Current Action (e.g. waiting, review, active)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section B - What specifically are the SEND needs of the child?**

|  |  |
| --- | --- |
| **Main area of SEND Need - please highlight one of the areas below**  | **Describe any additional needs of the child** |
| * Social, Emotional and Mental Health
* Communication and Interaction
* Physical & Sensory
* Cognition and Learning
 |  |

 **Section C – Each application MUST include the following evidence (please tick)**

|  |  |
| --- | --- |
| Application for ALFI – Part 1 |  |
| Application for ALFI – Part 2 (one for each child included in the application) |  |
| ILDP/Emotional Regulation Plan for each child  |  |
| A record of the ILDP review meeting with parents/carers & professionals |  |
| For children with medical needs: A report from a paediatrician, Health Care Plan, Risk Assessment, observations if necessary.  |  |

 **Section D – Parental Consent (Privacy notice and Declaration)**

**Torbay Children’s Services**

Today’s Date: / /

**Consent to Share Information**

To help us work with you we would like to ask for your permission to share with and/or gather information from other external agencies so we can identify and provide support to best meet your family’s needs and keep you all safe.

|  |  |  |
| --- | --- | --- |
| Child’s Name(s): |  | DOB: / /  |
| Parent/Guardian/Carer |  |
| Parent/Guardian/Carer |  |

[ ] I agree to the gathering / sharing of my & my child(ren)’s personal information with other external agencies.

[ ] I do not agree to the gathering / sharing of my & my child(ren)’s personal information and I have been informed and given the opportunity to discuss what this may mean to me and my family.

[ ] I agree to the gathering / sharing of my & my child(ren)’s personal information with other external agencies **except for**:

|  |
| --- |
|  |

I have read and understand the privacy notice provided (overleaf) Yes [ ]  No [ ]

I am happy to be contacted to give feedback about the support I receive to help Children Services improve and get better Yes [ ]  No [ ]

\*I understand and agree to sharing of information as shown above:

|  |  |
| --- | --- |
| Signature of Parent/Carer: |  |
| Signature of Parent/Carer: |  |
| Signature of Child(ren): (12+) |  |
| Name of Worker:  |  |
| Signature:  |  |

\**At least one signature from the first three boxes is required for this referral*

The information we gather will be held securely in accordance with the Data Protection Act. **You can withdraw your consent at any time.**

**Children’s Services Privacy Notice**

**What information will we be processing?**

We need to process personal information about you such as your name, address, contact details, images, employment, and past employment details. We process personal information including multi agency safeguarding information to carry out assessments and may need to hold records of any court proceedings. We may need to hold physical and mental health information (including your NHS number). We will need to hold information regarding your circumstances and the reason we are working with you, this can include special category data such as details of your race and ethnic origin, your sexual orientation and life, religious or philosophical beliefs and group (such as trade union) membership and affiliations.

We will request and process personal information provided by other organisations and bodies including, but not limited to, Torbay Children’s Services, other social care services, education providers, healthcare providers and the police.

We are the 'data controller' in relation to your data.

**Why will we be processing it?**

We need to know this information about you so that we can help make sure you and your children's needs are met. We can do this by carrying out assessments to identify and deliver a wide range of services and support. If appropriate the information will help to formulate, review, and monitor your child’s progress against plans.

Your personal data may be anonymised and processed to help inform how we improve the service for others.

**What is our lawful basis?**

Our lawful basis for processing this personal and special category data is that is a task carried out in the public interest outlined in the General Data Protection Regulation as:

Article 6(1)(e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller;

Article 9(2)(g) processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued.

These laws being:

* Children Act 1989 - Children and Families Act 2014
* Children Act 2004 - Children and Young Persons Act 2008
* Equality Act 2010

**Do we share your information?**

We may share your personal information with other organisations and bodies including, but not limited to, Torbay Children’s Services, other social care services, education providers, healthcare providers and the police.

Information about you may be provided to us by other organisations and bodies including those listed above.

We do not trade personal information for any commercial purposes, and we will only disclose your personal information if we have a lawful basis to do so, such as for the prevention and detection of crime.

**How long do we keep your information?**

We hold your information in line with associated retention periods defined by the different departments that process your personal information.

**What are my rights?**

Torbay Council’s Information Rights Policy is available upon request and can be found online at: [**www.torbay.gov.uk/council/information-and-data/data-protection/your-rights/**](http://www.torbay.gov.uk/council/information-and-data/data-protection/your-rights/)**.**

Privacy Notices can be found online at: [**https://www.torbay.gov.uk/council/information-and-data/data-protection/privacy-notice/childrens-pn/**](https://www.torbay.gov.uk/council/information-and-data/data-protection/privacy-notice/childrens-pn/)

**All applications should be emailed to** EarlyYearssend@torbay.gov.uk