|  |  |  |
| --- | --- | --- |
|  | **Activity Led Funding for Inclusion**  **Early Years settings Part 1** |  |

|  |  |  |
| --- | --- | --- |
| **Date of ALFI Board for consideration:** |  | Please highlight whether you would prefer a virtual morning or afternoon appointment:  AM or PM |
| **Please highlight your preference for the virtual meeting** | When joining the call, I would prefer to see only **one** member of the ALFI Board | When joining the call, I would prefer to see **all** of the ALFI Board members |

**Section A – Setting Details**

|  |  |
| --- | --- |
| Setting Name |  |
| Setting Address and Postcode |  |
| Setting Email |  |
| Setting Telephone number |  |
| Referring practitioner (name and role) |  |
| Current Ofsted rating: |  |
| Date of submission: |  |
| Date of ALFI Board for application to be considered |  |

**Section B – New requests for ALFI and/or renewals.**

**CP = Child Protection, CIN = Child In Need, CFC = Cared for child, EYPP = Early Years Pupil Premium, DAF = Disability Access Fund, EHCp = Education, Health and Care plan**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **New requests** | | | | | | **Days / Sessions attending setting** | | | | | |
| Child’s name | Date of birth | CP / CIN/ CFC | EYPP | DAF | EHCp | Mon  am/pm | Tue am/pm | Wed am/pm | Thu am/pm | Fri am/pm | Age group room |
|  |  |  |  |  |  |  |  |  |  |  |  |
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**Section C - Children currently receiving ALFI**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Children currently receiving ALFI** | | | | | | **Days / Sessions attending setting** | | | | | | |
| Child’s name | Date of birth | CP / CIN / CFC | EYPP | DAF | EHCP | Mon  am/pm | Tue am/pm | Wed am/pm | Thu am/pm | Fri am/pm | | Age group room |
|  |  |  |  |  |  |  |  |  |  |  | |  |
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|  |  |  |  |  |  |  |  |  |  |  | |  |
| **Details about the learning environments for the setting** | | | | | | | Please name room and use one column for each room | | | | | |
|  | |  | |  | |
| No. of children in the room | | | | | | |  | |  | |  | |
| No. of children on SEN Support | | | | | | |  | |  | |  | |
| No. of staff routinely in this room (do not include staff funded additionally through the use of ALFI) | | | | | | |  | |  | |  | |

**Section D – Each application should include the following evidence (please tick)**

|  |  |
| --- | --- |
| Application for funding – Part 1 (only one per setting) |  |
| Application for funding – Part 2 (one for each child included in application) |  |
| An ILDP/Emotional Regulation or Escalation Plan for each child |  |
| A record of the ILDP Review or induction/transition meeting with parents/carers & professionals |  |
| Medical needs: Medical Health Care Plan; Risk Assessment |  |

**Section E – Declarations and payment**

* I confirm that I accept the conditions attached to any resource provided.
* I confirm that this application is accurate and any funding granted will be used for the purposes indicated.
* I confirm I understand I must keep receipts and evidence of how the funding was spent.
* I confirm that the parents /carers for each child included in the application have been consulted and given consent to share information about their child.

Signed: ……………………………..…........SENCo Date: …………

Signed: ……………………………..…........Manager Date: …………

**All applications should be emailed to** [earlyyearssend@torbay.gov.uk](mailto:earlyyearssend@torbay.gov.uk)