

# Confirmation

Your Early Years SEN Inclusion Fund application has been submitted.

You should receive an acknowledgement email from the Early Years Team within 5 working days.

If you do not receive this, please email the team at [early.years@achievingforchildren.org.uk](mailto:early.years@achievingforchildren.org.uk) quoting the reference number and the date that the form was submitted.

Your reference: FS-Case-24042801

A copy of this confirmation has been sent to your email address.

**Attach parental consent:** Test.pdf

**Organisation/setting name:** Anywhere Nursery

**This setting is in the borough of:** Kingston

**First name of manager:** Joe

**Last name of manager:** Bloggs

**Name of SENCO:** Jane Bloggs

**Address:** 100 Anywhere Road  
Anytown  
Anytownshire

**Postcode:** AA1 100

**Telephone:** 0208 000 0000

**Email:** anywherenursery@hotmail.com

**Child's name:** Name here

**Child's date of birth:** 01/12/2013

**Parent/Carer's name:** Mrs X

**Parent/Carer's address:** 1, Letsby Avenue  
Anytown  
Anytownshire

**Date child began attending your setting:** 01/09/2017

**Monday:** AM

**Tuesday:** PM

**Wednesday:** PM

**Thursday:**

**Friday:** AM

**Is the child in receipt of Disability Living Allowance (DLA)?:** No

**Is the child accessing Disability Access Fund (DAF)?:** No

**As a result of your 'assess, plan, do, and review cycle' does the child have an Individual Targeted Plan (ITP) or targeted support plan in place?:** Yes

**Upload all recent plans:** Test.pdf

**Have you sought advice from your Inclusion & Improvement Adviser (or school SENCo if you are school?):**  
Yes

**Please state their involvement:** Please name (if applicable)  
Describe advice sought and strategies suggested by Inclusion & Improvement Adviser or school SENCo  
Have you had any support visits?

**Does the child have an Early Help Assessment Tool (previously known as CAF):** No

**Is the child known to other professionals?:** Speech & Language Team, AfC SEND Support Officer

**Please upload the latest report(s) relating to the child:** Test.pdf

**Have you made a request for an Education Health and Care (EHCP) assessment? :** No

**Child's additional needs:** Please provide a detailed explanation of the child's additional needs.  
It is not sufficient to give names of syndromes or medical conditions, as it is the individual needs of the child in question that are important. This may include methods of communication used, medical procedures required, and specific requirements with regards to feeding, or behavioural difficulties etc. Failure to provide sufficient detail in this section may result in the application being rejected.

**Please give full details of steps taken:** Tell us what steps you have already taken to meet the child's needs, in line with the Early Years Foundation Stage and the SEN Code of Practice. This should include any reasonable adjustments made under the Equality Act 2010.

**Child's chronological age in months (at point of submission):** 47

**Making relationships:** 22:36

**Self confidence and awareness:** 22:36

**Managing feelings and behaviour:** 22:36

**Moving and handling:** 30:50

**Health and self care:** 22:36

**Listening and attention:** 22:36

**Understanding:** 22:36

**Speaking:** 22:36

**Please add any further details:** Please add details such as specific areas of delay and if the child is entering/working within/secure/competent in any areas of delay

**If successful how will funding be used?:** You must provide a full description of exactly how funding will be used, including strategies, type of adult support, resources, training etc. This needs to describe strategies, support and interventions that are additional to and different from what is expected under differentiated support within the EYFS and in addition to reasonable adjustments under the Code of Practice. Training and resources should be beyond what settings should reasonably access or provide under the EYFS.

**Are you currently applying for the Early Years SEN Inclusion Fund grant for any other children at your setting?:** Yes

**Please provide the name(s) of the child/children:** Add other childrens' initials here.

**Please confirm you have read and agreed to these terms and conditions:** Yes