

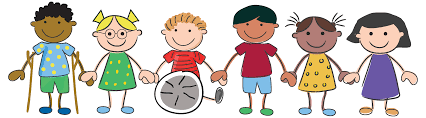
Royal Greenwich Children’s Services

Early Years SEN Inclusion Fund

& Disability Access Fund (DAF)

Application and Review form

Revised April 2024



Please return the completed form to:

**Email:** [early-years-inclusion-fund@royalgreenwich.gov.uk](mailto:early-years-inclusion-fund@royalgreenwich.gov.uk)

**Post**: SEND Outreach Services, King’s Park Campus Eltham Palace Road, London SE9 5LX

**Please note:**

* **All** funding requests require the front section to be completed and checked to ensure that it continues to be accurate (up to the end of referrer’s details) and then the additional supplementary appendix form *(depending on what funding you are requesting)*
* Payments will be paid each termwith provision for settings with all-year-round placements to spread as best fits their setting.
* Incomplete forms will be automatically rejected and returned.
* Providers will only need to complete the appropriate section of the form dependant on whether it is the initial application or any subsequent reviews (ensure you have checked that the information on pages 2-6 remain accurate; this information will need to be updated)
* To be clear, the SEN Inclusion Form is intended to be ‘built on’ as a continuum to demonstrate the graduated approached – over a period of time with application/ termly reviews.

|  |  |
| --- | --- |
| **Please indicate the funding request you are making:** | **Please tick** |
| **SEN Inclusion Fund Application** –*complete pages 2- 6, appendix A sections 1, 2 & 3* | 🞏  *Date:* |
| **Review -***confirm details on pages 2- 6 remain correct or amend as appropriate, complete appendix B sections 1, 2 & 3*  ***Please note for children on a complex level of support-*** complete appendix C (page 16)  **For Greenwich resident children-** *Review 3 should also include the NA1* *section*  **For out of borough resident children-** *Review 1 should also include the NA1* *section* | *Review 1* 🞎  *Date:*  *Review 2* 🞎  *Date:*  *Review 3* 🞎 *Date:*  *NA1 Section* 🞎  *Date:* |
| **Specialist equipment –** *complete or confirm details on pages 2- 6, complete appendix C* | 🞏  *Date:* |
| **Disability Access Fund (DAF-** *complete or confirm details on pages 2- 6, complete appendix D* | 🞏  *Date:* |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Child | | | | | | | | | |
| Last Name |  | | First name/s | |  | | | | |
| Date of birth |  | Age | ………years  ………months | | Gender | | M | | F |
| Address |  | | Postcode | |  | | | Tel M  H |  |
| Home Language | |  | | | | |
| Local Authority to whom Council Tax is paid |  | Does the child receive Disability Living Allowance (DLA)?  *If so, please refer to appendix 4* | | 🞎 Yes  🞎 No | | Is the Child registered with a Children’s Centre? | | | 🞎 No  🞎 if yes, which: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Significant Family Members Full Name & Relationship** | | | |
| **Full Name** | **Relationship** | **Age/DOB** | **Male/Female** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

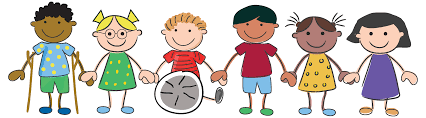
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monitoring section** | | | | | |
| The information requested below will be used to help develop appropriate pupil support and to ensure the development of the service for students from particular ethnic minority groups.  Ethnic background does not refer to the country of birth or nationality of the pupil, but to her/his predominant racial and cultural family background.  Parents/guardians should indicate their choice of answer……. please ✓ below. | | | | | |
| **** | White British (WBRI) | **** | Black Caribbean (BCRB) | **** | White and Asian (MWAS) |
| **** | White Gypsy Roma (WROM) | **** | Black Ghanaian (BGHA) | **** | Any Other Mixed Background (MOTH) |
| **** | White Irish (WIRI) | **** | Black Nigerian (BNGN) | **** | Indian (AIND) |
| **** | Traveller of Irish Heritage (WIRT) | **** | Black Somali (BSOM) | **** | Pakistani (APKN) |
| **** | White Turkish/Turkish Cypriot (WTUR) | **** | Any Other Black Background (BOTH) | **** | Bangladeshi (ABAN) |
| **** | White European (WEUR) | **** | White and Black Caribbean (MWBC) | **** | Any Other Asian Background (AOTH) |
| **** | Any Other White Background (WOTW) | **** | White and Black African (MWBA) | **** | Chinese (CHNE) |
| **** | Do not want to state ethnicity (REFU) | **** | Any Other Ethnic Group (OOEG | **** | Vietnamese (OVIE) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate PRIMARY area of concern** | | | |
| SPLD 🞎  Specific learning difficulty | MLD 🞎  Moderate learning difficulty | SLD 🞎  Severe learning difficulty | PMLD 🞎  Profound & multiple learning difficulty |
| HI 🞎  Hearing impairment | MSI 🞎  Multi-sensory impairment | PD 🞎  Physical disability | ASD 🞎  Autistic spectrum disorder |
| VI 🞎  Visual impairment | SEMH 🞎  Social, emotional and mental health | SLCN 🞏  Speech, Language and Communication Needs | OTH 🞎  Other difficulty / disorder |
| **Please indicate****specifically****SECONDARY area of concern** | | | |
| Social Communication Needs (SCN) 🞏 | Developmental Language Disorder (DLD) 🞏 | Other, please state: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tick which key agencies are involved** | | | | |
| 🞎 *from date:*  Area SENCo/ Maintained school SENCo | 🞎  *from date:*  Speech and Language Therapy (SaLT) | 🞎 *from date:*  Health Visitor | 🞎 *from date:*  Early Years Inclusion Team- SEND Early Years (0-3) Keyworker | |
| 🞎 *from date:*  Community Paediatrician | 🞎  *from date:*  Physiotherapy | 🞎  *from date:*  Occupational Therapy | 🞎  *from date:*  Educational Psychologist | |
| 🞎  *from date:*  ASD Outreach  or  🞎 Social Communication Worker | Sensory Service-  🞏 Visual Impairment  *from date:*  🞏 Hearing Impairment  *from date:* | 🞎 *from date:*  STEPS | 🞎 *from date:*  Social Worker | |
| 🞎  *from date:*  Children’s Centre | 🞎 Image result for InclusionOther, if so which *state from date:* | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Details of Referrer** | | | | | |
| Name: |  | | | | |
| Job title: |  | | | Agency: |  |
| Telephone number: |  | | | Email: |  |
| Setting or School at which support to be provided | **Setting name:**  **Date child started at setting:**  **How many Free Entitlement to Early Learning (FEEL) hours does the child attend: hours** | | | | |
| If the child has not yet started the setting, please confirm start date |  | | A review date will be sent to you in the outcome letter.  *Funding will usually only be agreed for a term (approx.) period of 12 weeks.*  *NB A review application for funding will need to be completed and submitted before the end of the period.* | | |
| **Please note it is your responsibility to:**   * Advise the Early Years SEN Inclusion Fund when a child in receipt of funding is absent for longer than 2 weeks and the reason why (e.g. 2 week hospital admission) * Advise the Early Years SEN Inclusion Fund when a child in receipt of funding / for whom funding has been applied leaves the setting so that the funding can be adjusted if applicable. * Advise the Early Years SEN Inclusion Fund when a child has been awarded a FINAL Education Health Care Plan (EHCP) so that funding can cease from the SEN Inclusion Fund. At this point funding for a child with an EHCP should be claimed from RBG SEND Assessment & Review Service. | | | | | |
| **Expected date if transitioning to a new setting:** | |  | **Name of new provision:** | | |

***NB: The responsibility to ensure that an application has been submitted and funding agreed sits with the provider prior to invoicing.***

**Appendix A- Application/ on-going universal high-quality provision**

***Section 1 Provision Map- what has been done to support the child up to the point of application***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BAND 1 - Universal EYFS Entitlement/ provision** Inclusive quality first teaching- support available to all children. | | | | | | | |
| **Time period support covers**  **Date** | | **Child’s identified need** | **Provision/intervention detail** | **Level of support** | | | **Outcome as a result of interventions-this should include child’s strengths** |
| Additional Setting Intervention (Building on High Quality Provision) | **Duration**  *e.g., 30 minutes* | **Frequency**  *e.g., weekly* | **Grouping**  *e.g., paired, individual, small group.* |
| **from** | **to** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Please add additional lines and expand rows as appropriate**

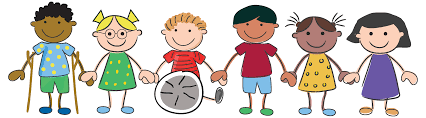
***Section 2 Mandatory Evidence***

|  |  |  |
| --- | --- | --- |
| **Application** | **Evidence -please note SEN Inclusion Funding will not be processed without the following** | **Attached**  **i*f not, state reason*** |
| Completed application form | ***Pages 2- 6, Appendix A sections 1 & 2*** |  |
| Signed parental consent | ***Appendix A section 3*** |  |
| [**SEND Code of Practice 0- 25yrs**](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) | **Evidence** | **Attached**  **i*f not, state reason*** |
| 5.48 Where a child continues to make less than expected progress, despite evidence-based support and interventions that are matched to the child’s area of need, practitioners should consider involving appropriate specialists, who may be able to identify effective strategies, equipment, programmes or other interventions to enable the child to make progress towards the desired learning and development outcomes | ***Relevant reports*** *(from other involved service providers) informing the PLP/IEP*  ***-if reports are not available, please state clearly why*** |  |
| 5.40 Where it is decided to provide SEN support, and having formally notified the parents, the practitioner and the SENCO should agree, in consultation with the parent, the outcomes they are seeking, the interventions and support to be put in place, the expected impact on progress, development or behaviour, and a clear date for review. | ***Current PLP*** |  |
| We anticipate almost **all** children will receive Band 2 funding at the initial point of application and that applications for a higher level of support will be made after a period of intervention-based input as appropriate.  However, in particular circumstances a setting may be asked to provide additional evidence due to the complex nature of the child’s needs. | | |
| **This may include:** | | |
| ***One page profile* 🞏 *CIN/ TAC/ Parent meeting notes* 🞏  *Risk Assessment* 🞏  *Health Care Plan* 🞏** | | |

***Section 3 Parental Data Protection Agreement***

|  |  |  |
| --- | --- | --- |
| **Data Protection Agreement** | | |
| **Child’s name:** | | **Date of birth:** |
| **Setting name:** | | |
| **Information sharing and storage**-the information provided will be discussed by professionals to identify the support your child needs; this may be on an on-going process involving three monthly reviews.  Everyone working for Royal Greenwich Children’s Services has a legal duty to keep information about you and your child confidential. So that we can all work together for your child’s benefit we may need to share some information with or seek information from other professionals working with your child.  We only ever use or pass on information if people have a genuine need for it.  Law strictly controls the sharing of some types of very sensitive personal information.  Anyone who receives information from us is also under a legal duty to keep it confidential.  Information may also be collected and stored on Royal Greenwich Council Children’s Services databases. | | |
| Parental signature |  | |
| Print name |  | |
| Date |  | |

***Please scan/ send (Data Protection Agreement) separately with parental signature***

**Appendix B- *Review to be completed for child who has been agreed as receiving Band 2 funding***

* ***Section 1 Provision Map- it is intended that the provision map should be built on with each review and should reflect the continuum of support that is on offer in the setting.***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BAND 2- Children who are not making expected progress**- targeted services for children and young people with SEND who require additional short-term support over and above that provided routinely as part of universal services and as part of the settings general practice in meeting the needs of all children in their setting | | | | | | | | **Banding cost per week**  **£*103.27 TTO*** |
|  | | **Assess** | **Plan** | | **Do** | | | **Review** |
| **Time period support covers** | | **Barriers to learning/**  **identified need**  As identified in the child’s Personal Learning Plan or highlighted on class/group provision map **\*blank out/redact other children’s details** | **Provision/intervention detail** | | **Level of support** | | | **Outcome/ progress seen as a result of the intervention -this should include child’s strengths**  As identified in the child’s reviewed Personal Learning Plan or highlighted on class/group provision map **\*blank out/redact other children’s details** |
| **Date**  e.g.  *from - to* | **Review number**  e.g., 1, 2 | This may be learning support provided by support staff, interventions, equipment or environmental adaptations | Recommended by whom | **Duration**  *e.g., 30 minutes* | **Frequency**  *e.g., weekly* | **Grouping**  *e.g., paired, individual, small group.* |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

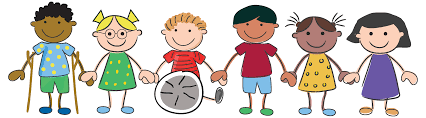
**Please add additional lines and expand rows as appropriate**

***Section 2 Mandatory Evidence*.**

|  |  |  |
| --- | --- | --- |
| **Review form** | **Evidence- please note SEN Inclusion Funding will not be processed without the following** | **Attached**  **i*f not, state reason*** |
| Updated application form | ***Confirm details on pages 2- 6 remain correct or amend as appropriate Appendix B sections 1 & 2*** |  |
| [**SEND Code of Practice 0- 25yrs**](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) | **Evidence** | **Attached**  **i*f not, state reason*** |
| 5.39 In identifying a child as needing SEN support, the early years practitioner, working with the setting SENCO and the child’s parents, will have carried out an analysis of the child’s needs. This initial assessment should be reviewed regularly to ensure that support is matched to need. | ***Progress through setting data*** *(e.g., Tracking/ setting summative assessment or report)* |  |
| 5.48 Where a child continues to make less than expected progress, despite evidence-based support and interventions that are matched to the child’s area of need, practitioners should consider involving appropriate specialists, who may be able to identify effective strategies, equipment, programmes or other interventions to enable the child to make progress towards the desired learning and development outcomes | ***Relevant reports*** *(from other involved service providers) informing the PLP/IEP*  ***-if reports are not available, please state clearly why*** |  |
| 5.40 Where it is decided to provide SEN support, and having formally notified the parents, the practitioner and the SENCO should agree, in consultation with the parent, the outcomes they are seeking, the interventions and support to be put in place, the expected impact on progress, development or behaviour, and a clear date for review. | ***Current PLP*** |  |
| 5.43 The effectiveness of the support and its impact on the child’s progress should be reviewed in line with the agreed date. The impact and quality of the support should be evaluated by the practitioner and the SENCO working with the child’s parents and taking into account the child’s views. | ***Reviewed PLP*** *Specific interventions required detailed in a PLP/IEP which has been reviewed with team /family within 3 weeks of submission* |  |
| **Celebrating the voice of the child** | **Evidence** | **Attached**  **i*f not, state reason*** |
| **Listening to children and recognising their voices are expressed in a range of ways, including non-verbally, is central to inclusive practice.** | ***Updated one page profile*** |  |

The following section should only be completed if you have already had funding agreed at a complex level of support-

Band 3 & 4 or ‘hours’ (if accessing a 30 hour free entitlement to early learning placement)

**Appendix B- *Review to be completed for child who has been agreed as receiving Band 3 & 4 or hours funding***

* ***Section 1 Provision Map- it is intended that the provision map should be built on with each review and should reflect the continuum of support that is on offer in the setting.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BAND 3 & 4-** Specialist services for children and young people with SEND who require specialised, longer-term support. There would be an expectation that children would receive individual or group activities (if appropriate) that are planned and focused on the specific area of delay of the individual child. | | | | | | | **Band 3 cost per week**  **£*172.12 TTO***  **Band 4 cost per week**  **£*206.55* TTO** | | **30 FEEL- Please note those with agreed hours will have a different costing figure.** |
|  | | **Assess** | **Plan** | **Do** | | | | | **Review** |
| **Time period support covers** | | **Barriers to learning/**  **identified need**  As identified in the child’s Personal Learning Plan or highlighted on class/group provision map **\*blank out/redact other children’s details** | **Provision/intervention detail** | | **Level of support** | | | | **Outcome/ progress seen as a result of the intervention -this should include child’s strengths**  As identified in the child’s reviewed Personal Learning Plan or highlighted on class/group provision map **\*blank out/redact other children’s details** |
| **Date**  e.g.  *from - to* | **Review number**  e.g., 1, 2 | This may be learning support provided by support staff, interventions, equipment or environmental adaptations | Recommended by whom | **Duration**  *e.g., 30 minutes* | **Frequency**  *e.g., weekly* | | **Grouping**  *e.g., paired, individual, small group.* |
|  | |  |  |  |  |  | |  |  |
|  | |  |  |  |  |  | |  |  |
|  | |  |  |  |  |  | |  |  |
|  | |  |  |  |  |  | |  |  |
|  | |  |  |  |  |  | |  |  |
|  | |  |  |  |  |  | |  |  |

**Please add additional lines and expand rows as appropriate.**

***Section 2 Mandatory Evidence*.**

|  |  |  |
| --- | --- | --- |
| **Review** | **Evidence- please note SEN Inclusion Funding will not be processed without the following** | **Attached**  **i*f not, state reason*** |
| Updated application form | ***Confirm details on pages 2- 6******remain correct or amend as appropriate***  ***Appendix B sections 1 & 2*** |  |
| [**SEND Code of Practice 0- 25yrs**](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) | **Evidence** | **Attached**  **i*f not, state reason*** |
| 5.39 In identifying a child as needing SEN support, the early years practitioner, working with the setting SENCO and the child’s parents, will have carried out an analysis of the child’s needs. This initial assessment should be reviewed regularly to ensure that support is matched to need. | ***Progress through setting data*** *(e.g., Tracking/ setting summative assessment or report)* |  |
| 5.48 Where a child continues to make less than expected progress, despite evidence-based support and interventions that are matched to the child’s area of need, practitioners should consider involving appropriate specialists, who may be able to identify effective strategies, equipment, programmes or other interventions to enable the child to make progress towards the desired learning and development outcomes | ***Relevant reports*** *(from other involved service providers) informing the PLP/IEP*  ***-if reports are not available, please state clearly why*** |  |
| 5.40 Where it is decided to provide SEN support, and having formally notified the parents, the practitioner and the SENCO should agree, in consultation with the parent, the outcomes they are seeking, the interventions and support to be put in place, the expected impact on progress, development or behaviour, and a clear date for review. | ***Current PLP*** |  |
| 5.43 The effectiveness of the support and its impact on the child’s progress should be reviewed in line with the agreed date. The impact and quality of the support should be evaluated by the practitioner and the SENCO working with the child’s parents and taking into account the child’s views. | ***Reviewed PLP*** *Specific interventions required detailed in a PLP/IEP which has been reviewed with team /family within 3 weeks of submission* |  |
| 5.37 Where a setting identifies a child as having SEN, they must work in partnership with parents to establish the support the child needs | ***CIN/ TAC/ Parent meeting notes*** |  |
| 5.49 Where, despite the setting having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child, the child has not made expected progress, the setting should consider requesting an Education, Health and Care needs assessment | ***Draft Profile-*** *we don’t specify exactly how much a setting completes for a review rather the SEN Inclusion Fund expect a draft Profile to be continuously ‘built’ on over the months whilst the setting get to know the child and review their progress, strengths and difficulties- all forming the graduated approach- assess, plan, do, review. So, in simple term each review will have more information completed on the profile so that by the time the setting is ready to submit for an NA1 assessment the profile is complete.* |  |
| **Celebrating the voice of the child** | **Evidence** | **Attached**  **i*f not, state reason*** |
| **Listening to children and recognising their voices are expressed in a range of ways, including non-verbally, is central to inclusive practice.** | ***Updated one page profile included within the draft profile*** |  |
| **Risk** | **Evidence** | **Attached**  **i*f not, state reason*** |
| When such needs have identified early years providers should conduct regular risk assessments, which identify aspects such as security of the building, child and peer safety. This involves deciding what should be done to prevent harm and ensuring that the relevant actions are taken and are updated whenever necessary. | ***Risk Assessment*** |  |
| An Individual Healthcare Plan (IHP) is used in education to detail exactly what sort of care a child needs at school/ setting if they have a medical condition. Individual healthcare plans do not have to be created for every child they're only needed for children with complex medical need | ***If required- Health Care Plan*** |  |

***Appendix C***

|  |  |  |  |
| --- | --- | --- | --- |
| **NA1 request made** | 🞎 *yes* *Date:* | If not, please give an explanation | 🞎 *no* |
| **FOR GREENWICH RESIDENT CHILDREN:**  Typically, applications will be made for children who have more complex needs and may require an Education Health and Care Plan in a timely manner ahead of accessing primary school at a point when the setting has good quality information to support an NA 1 request. We would expect the setting to be working towards submitting an NA1 request for an EHCP assessment to the SEN Assessment and Review Service as soon as they have the required evidence of response to interventions etc (but definitely before the 3rd review). If this does not happen, it will be assumed that you do not think she/ he needs this level of support on an on-going basis, and the level of funding will cease, unless the child only requires interventions to be put in place at Band 2.  For further information on making a [*Needs Assessment request for an EHCP assessment*](https://www.greenwichcommunitydirectory.org.uk/kb5/greenwich/directory/localoffer.page?localofferchannel=5) *in - Greenwich*  **FOR OUT OF BOROUGH RESIDENT CHILDREN:**  Children who reside out of the borough with complex needs who continue to require a higher level of supportfollowing a 12-week cycle of intervention, will follow the system for applying for a Needs assessment in their Borough of residence.  The child’s early years setting will be expected to request a Needs Assessment (NA1) from the Local Authority the child resides in. If this does not happen, it will be assumed that the setting do not think the child needs this level of support on an on-going basis, and the level of funding will cease, unless the child only requires interventions to be put in place at Band 2.  For further information on making a Needs Assessmentrequest for an EHCP assessment in our closest neighbouring boroughs:  [*Needs Assessment Request for an EHCP assessment in - Bexley*](https://www.bexleylocaloffer.uk/Page/14558)  [*Needs Assessment Request for an EHCP assessment in - Bromley*](https://www.bromley.gov.uk/special-educational-needs/education-health-care-ehc-plans/2)  [*Needs Assessment Request for an EHCP assessment in - Lewisham*](https://lewisham.gov.uk/myservices/socialcare/children/special-educational-needs-and-disabilities/education-and-learning/education-health-and-care-plans-and-personal-budgets/education-health-and-care-plans) | | | |

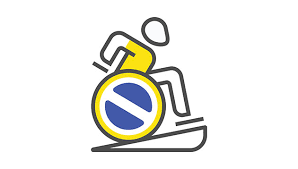
**Appendix D- Specialist equipment-** *specifically required to enable the child to access provision*

|  |
| --- |
| **Specific reason for application (as recommended by therapeutic professional)** |
| **What is your current assessment of this child’s needs, levels of development and progress,**  *- attach any relevant professional medical and therapeutic reports* |
| **Please specify equipment, indicative cost\* and when needed** |
| *\*Attach invoice or quote* |

|  |  |  |
| --- | --- | --- |
| **Data Protection Agreement Specialist equipment** | | |
| **Child’s name:** | | **Date of birth:** |
| **Setting name:** | | |
| **Information sharing and storage**-the information provided will be discussed by professionals to identify the support your child needs; this may be on an on-going process involving three monthly reviews.  Everyone working for Royal Greenwich Children’s Services has a legal duty to keep information about you and your child confidential. So that we can all work together for your child’s benefit we may need to share some information with or seek information from other professionals working with your child.  We only ever use or pass on information if people have a genuine need for it.  Law strictly controls the sharing of some types of very sensitive personal information.  Anyone who receives information from us is also under a legal duty to keep it confidential.  Information may also be collected and stored on Royal Greenwich Council Children’s Services databases. | | |
| Parental signature |  | |
| Print name |  | |
| Date |  | |

***Please scan/ send (Data Protection Agreement) separately with parental signature***

**Appendix E- Disability Access Fund**

Providers can apply to receive £910 per eligible child per year to support them in making reasonable adjustments to their settings and/or helping with building capacity, be that for the child in question or for the benefit of children as a whole attending the setting.

A child will be eligible for the DAF if: the child is in receipt of [Disability Living Allowance (DLA)](https://www.gov.uk/disability-living-allowance-children) **and** the child receives one of the following:

* the universal 15 hours entitlement for 3 and 4-year-olds

or

* the 15 hours entitlement for disadvantaged 2-year-olds

or

* from April 2024, the 15 hours entitlement for children aged 2 years of working parents

or

* from September 2024, the 15 hours entitlement for children aged 9 months to 2 years of working parents

[](Find%20out%20what’s%20available%20for%20children,%20young%20people%20with%20Special%20Educational%20Needs%20and%20Disabilities,%20and%20their%20families%20and%20how%20they%20can%20access%20services%20and%20activities)

For further details please see the SEN Inclusion Funding / DAF information pack or look on *(click on the image).*

DAF is paid to the child’s early years setting as a fixed annual rate of £910 per eligible child.

The funding is non-transferable and does not follow the child if there is a transition to another setting during the academic year.

|  |  |
| --- | --- |
| **Information required for DAF application- will not be processed without the following** | **Attached** |
| Application-you will only need to complete or update **pages *2- 6*** of the application form |  |
| Signed Parental Declaration- **page 19** |  |
| Current DLA letter |  |
| Completed invoice **page 20** *(Total £910)* |  |

**Disability Access Fund Declaration**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s name:** | |  | | | | | |
| **Is your child eligible and in receipt of Disability Living Allowance (DLA)?** | | | | | Yes No *(Please attach copy of DLA letter)* | | |
| **If your child is splitting their free entitlement across two or more providers, please nominate the main setting where the local authority should pay the DAF** | | | | | | | |
| Setting Name |  | | | | Address  Postcode | |  |
| **PARENTAL /GUARDIAN DECLARATION**  I (Name) ...........................................................................of (Address) ............................................................................................................................................  confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise (Name of provider) ................................................................................................. to claim free entitlement funding as agreed above on behalf of my child.  In addition, I also agree that the information I have provided can be shared with the local authority and Department for Education, who will access information from other government departments to confirm my child’s eligibility and enable this provider to claim Disability Access Fund (DAF) on behalf of my child.  I understand and agree that this information will be used by the local authority to confirm receipt of Disability Living allowance. The local authority may do this by checking benefit data provided by Department of Work and Pensions (DWP). | | | | | | | |
| Parent/Guardian | | | | Early Years Provider | | | |
| Signed | | |  | Signed | |  | |
| Print name | | |  | Print name | |  | |
| Date | | |  | Date | |  | |

**Invoices for Early Years SEN Inclusion Fund/ DAF**

|  |
| --- |
| **Invoice**- *total claim for funding for the child must not exceed agreed banding or ‘hours’ cost* |
| Click for [SENIF & DAF invoice template-](https://search3.openobjects.com/mediamanager/greenwich/asch/files/april_24_senif_and_daf_invoice.xlsx) *please note all sections highlighted in orange should be completed*  Send completed invoice to:  Royal Borough of Greenwich  Early Years SEN Inclusion Fund  SEND Outreach Services, King’s Park Campus  Eltham Palace Road, London SE9 5LX  Email: [early-years-inclusion-fund@royalgreenwich.gov.uk](mailto:early-years-inclusion-fund@royalgreenwich.gov.uk) |