**INCLUSION FUND APPLICATION**

**(Existing STS Involvement)**

**Child’s details:**

|  |
| --- |
| Child’s Name: Date of Birth:   |
| Name and address of setting:  |
| Preferred email address:  |
| SENDCo Name:   |
| Application recommended by: (please circle/highlight) Specialist Teacher / Teacher of the Deaf / Teacher for Vision Impairment Teacher for Multisensory Impairment / Portage Home Visitor |

**Funding Application:**

|  |  |
| --- | --- |
| Please indicate which fund you are applying for:  | **Y / N** |
| Are you applying for **FUND A?** |  |
| Are you applying for **FUND B?** |  |

**Use of funding:**

|  |
| --- |
| How are funds within your setting used to support children with additional needs/SEND? E.g. setting budget etc. |
| Is the child in receipt of Disability Living Allowance? | **Yes / No** |
| Has the setting claimed Disability Access Funding payment for this child?(It is expected that DAF is claimed prior to Inclusion Fund requests for children who are eligible i.e., in receipt of DLA)If **Yes**, or application is pending, please outline how is this being/intended to be used? | **Yes / No** |

**Describe how you will use the Inclusion Fund to support the child in making progress towards the identified outcomes:** You may find the table below useful for Fund A requests – not required for Fund B.

|  |
| --- |
|  |

**Fund A:**

|  |  |  |
| --- | --- | --- |
| **Outcomes identified for the child** | **Resources/Training being requested** | **How it is expected the resources/training will support progress towards the outcomes identified** |
|  |  |  |
|  |  |  |
|  |  |  |

**Additional information required:**

|  |  |
| --- | --- |
| **Essential:** | √ |
| Individual Provision Map (costed) |  |

**Setting declaration**

* I have discussed this request with parents/carers/those with parental responsibility and shared the Inclusion Fund Guidance.
* I confirm that I have read and understood the Inclusion Fund Guidance and that I accept the conditions attached to any funding made.
* I confirm that this application is accurate, and any funding granted will be used for the purposes indicated.
* I am aware that I must keep receipts and evidence of actual expenditure, which may be requested in future. I accept that should these not be available, or evidence indicates that the Inclusion Fund money was not used for the agreed purpose, or alternative appropriate purpose in line with the original request, then they should be repaid in full.

Owner/Manager/SENCo:

Name: ……………………………………………… Signed: ………………………………………

Position: …………………………………….……… Date: …………………................................

**You can send a completed application form along with additional documentation securely to the appropriate team mailbox for your setting:**

Inclusion.North@lancashire.gov.uk (Lancaster, Wyre & Fylde)

Inclusion.South@lancashire.gov.uk (Preston, Chorley, South Ribble, West Lancs)

Inclusion.East@lancashire.gov.uk (Burnley, Pendle, Hyndburn, Rossendale, Ribble Valley)

**Or post** FAO Early Years Panel **to:**

**Inclusion Service**

**Lancashire County Council**

**County Hall**

**Preston**

**PR1 0LD**