Solihull early years team

Application for Solihull early years inclusion and high needs funding – equipment only

Solihull’s early years inclusion fund panel is made up of professionals from the early years team, 0-25 SEND service, the family information service (FIS), school nurseries and private and voluntary settings.

The panel considers referrals for early years inclusion and high needs funding based on the criteria and processes detailed at [Inclusion fund (solihull.gov.uk)](https://www.solgrid.org.uk/eyc/eef/early-years-inclusion-funding-for-early-education-funded-children/).

Please return completed forms to [eysendfundingapp@solihull.gov.uk](mailto:eysendfundingapp@solihull.gov.uk) (preferred). Alternatively, this form can be sent to the Solihull early years team, Council House, 5th floor west wing, Manor Square, Solihull, West Midlands B91 3QB. If you have any other queries regarding this form, please call 0121 704 6150.

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| --- |
| **This form could be shared with EYIF panel members** |

## Child’s details

|  |  |
| --- | --- |
| **Name of child** |  |
| **Date of birth** |  |
| **Name of Solihull setting** |  |
| **Name of SENCo** |  |
| **Date** |  |

## Please highlight the days and sessions the child attends

|  |  |  |
| --- | --- | --- |
| Monday | am | pm |
| Tuesday | am | pm |
| Wednesday | am | pm |
| Thursday | am | pm |
| Friday | am | pm |

## Please outline equipment needed and summary of costings

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Select the child’s **broad area of need** as describedin the SEND code of practice (please tick **one** box only) | | | |
| Communication and interaction |  | Social, emotional and mental health |  |
| Cognition and learning |  | Sensory and/or physical needs |  |

## Record of diagnosis if known: Does the child have an EHCP?

|  |
| --- |
| Click or tap here to enter text. |

## Summary statements describing child’s learning and development

|  |
| --- |
| Click or tap here to enter text. |

## Medical and health needs

For this section, please tick the **level of support** required which is ‘**additional to/different from’** what peers receive as part of your routine support for medical and health needs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have health/medical needs monitored by staff throughout session. | **High** | **Med** | **Low** | **NA** |
|  |  |  |  |
| Receive setting-based intervention advised by a medical practitioner/health therapist (e.g. physiotherapy programme, specialist feeding/swallowing programme, receive medication). | **High** | **Med** | **Low** | **NA** |
|  |  |  |  |
| Remain safe and well due to the implementation of medical care plan/medical emergency protocols advised by medical professionals.  (N.B. if ticked the plan/protocols must be referenced in the health section of the child’s SEN and Early Support Plan). | **High** | **Med** | **Low** | **NA** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Name of key person** |  |
| **Contact number** |  |
| **Email address** |  |
| **Date** |  |
| **Signature** |  |

|  |  |
| --- | --- |
| **Name of 0-25 practitioner/area SENCo** |  |
| **Contact number** |  |
| **Email address** |  |
| **Date** |  |
| **Signature** |  |

Please attach your equipment quote. Please ensure that the quote is for the full amount including VAT if appropriate.

**Any additional information can be added here.**

Click or tap here to enter text.

Solihull early years team

Parental consent form

Any information provided will be used by the early years inclusion panel to help us make decisions about whether your child qualifies for additional funding to support their emerging special educational needs and disabilities (SEND). Your information will be treated as **confidential** and stored in a secure way. It will only be shared with other council services and partner organisations to ensure our records are kept accurate.

We may also need to share your information for the prevention and detection of fraud and/or other crimes or as the law requires. For further information about how we use your information, please refer to the Council’s privacy statement on [www.solihull.gov.uk](http://www.solihull.gov.uk)

Your records will be kept for 25 years for audit purposes and in the event that we need to provide information about the service you have received.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| I confirm that I understand why you want my information, and I have had the opportunity to consider this. |  |  |
| I agree that the information will be shared with other professionals who are already involved with my child or other agencies that may become involved in the course of any supported offered to my child. This will be done in accordance with Solihull Metropolitan Borough Council’s information sharing protocols. This will only be shared with people who need that information at that time. |  |  |
| I understand that I can opt out and withdraw my consent at any time by contacting the Early Years Team on 0121 704 6150 or via email at [eyenquiries@solihull.gov.uk](mailto:eyenquiries@solihull.gov.uk) |  |  |
| I give my consent for you to record and hold my information for the purposes explained to me. |  |  |

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |