Logo, company name

Description automatically generatedEarly Years Inclusion Fund

Application form for setting funding

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| Early Years setting: |  |
| Name of member of staff to contact regarding application: |  |
| Contact details (e-mail/telephone number) |  |
| Total sum of money being requested |  |

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| Outline of request including reasons for request being made: | | |
| *Please outline what you are seeking the Early Years funding for. Be as clear as possible and include a clear breakdown of costs, including quotes or invoices where practicable.* | | |
| How will the funding support the child/children to secure positive outcomes? | | |
| *What is the intended impact and how will it be measured?* | | |
| How does the proposed intervention/support/training align to other universal and targeted services? | | |
| *Please note that any inclusion funding awarded shouldn’t be instead of a service already provided across the LA being used. The funding may bridge a gap, in order that longer term a child’s needs can be met through another provider e.g. Compass Go, Specialist advisory service* | | |
| How does this align with your setting strategic development plan? | | |
| *Please attach a copy where possible. Explain how this funding will help further develop skills, expertise and resources to meet the needs of future children with SEND.* | | |
| Request type: | Training | Short term intervention delivered 1:1 or small group (8-20 weeks) |
| One off spot purchase for equipment or a resource |  |
| Other: Please state | |

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| Name of child |  | | |
| DOB |  | Current age in years/months |  |
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