

***This form is for professionals/parents/carers working with Early Years children to request a continuation of additional funding that was granted as part of a previous application to the Learning Support Hub.***

***Any requests for further training or outreach support will require a new application. Allocation of support is agreed at the Learning Support Hub each half term.***

***The Learning Support Hub Privacy Notice can be found at*** <https://www.yorksend.org/team-city-york-council/specialist-teaching-team/8>

**FORM TO BE RETURNED TO** [**learningsupporthub@york.gov.uk**](mailto:learningsupporthub@york.gov.uk)

|  |  |
| --- | --- |
| **Contact information** |  |
| Child’s name |  |
| Child’s date of birth |  |
| Setting |  |
| Who is making this request? (Name, role, email address) |  |

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| --- | --- | --- | --- | --- | --- |
| **Timetable - indicate which days the child attends setting (where relevant)** | | | | | |
| **Day** | Monday | Tuesday | Wednesday | Thursday | Friday |
| **Time** |  |  |  |  |  |

|  |  |
| --- | --- |
| **Early Years Funding information** |  |
| How many **funded** hours does the child attend each week? |  |
| Is this a stretched offer? |  |
| What type of Early Years funding is the child entitled to? | * Under 2s working families funding * 2 year old disadvantage funding * 2 year old working parents funding * 3&4 year old funding |

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| **What has the previous allocation of additional funding been used for?**  Please provide as much information as possible. |
|  |
| **What impact has the funding had on the child’s progress?**  Please provide as much information as possible. |
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| **What reasonable adjustments are continuing to be made to your ordinarily available provision to support the child, without the use of additional funding?** |
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| **Please outline how further funding will be used.** |
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| **Attainment Record** | | | | | | | |
| **WellComm completed (date)** | Yes/No | **WellComm score** | | |  | | |
|  |  | **Age in months:** | | | **Date:** | | |
| **Em = emerging**  **Ex = expected** |  | 0 to 6 Months | 6 to 12  Months | 12 to 18  Months | 19 to 24  Months | 24 to 36  Months | 36 to 48  Months |
| **PSED** | Self-regulation |  |  |  |  |  |  |
| Managing self |  |  |  |  |  |  |
| Building relationships |  |  |  |  |  |  |
| **Communication and Language** | Listening, Attention and Understanding |  |  |  |  |  |  |
| Speaking |  |  |  |  |  |  |
| **Physical Development** | Gross Motor Skills |  |  |  |  |  |  |
| Fine Motor Skills |  |  |  |  |  |  |

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| **History of support at the setting** | |
| Have you attended the SENCO networks since the additional funding was granted? | **Yes/No** |
| Have you had a Quality Assurance visit from a CYC employee since receiving Early Years Inclusion Funding? | **Yes/No**  **Date of visit:** |

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| **Parent Contribution to the request for a continuation of additional funding** (must be completed) |
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**How to submit the continuation of funding request.**

Please return this form with any supporting reports, medical letter and the signed parental declaration/statement that shows they understand and/or have had the privacy notice explained to them to: [learningsupporthub@york.gov.uk](file:///\\eldata\education$\GROUP\Specialist_Teaching_Team\LSHub\learningsupporthub@york.gov.uk)

**Request will not be accepted without parental declaration/statement**

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| **I** **confirm that I have read and understood the Learning Support Hub privacy notice and that my personal information will be used as described in it**  **I confirm that the Learning Support Hub privacy notice has been explained to me and that my personal information will be used as described in it** | | |
| **Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |

**Lead Practitioner has confirmed that signed declaration/statement has been given and will be stored safely and securely in accordance with data protection legislation and their own internal policies and procedures (please tick)**

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| --- | --- | --- |
| **Lead Practitioner Name** | **Signature** | **Date** |
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**Information for Parents and Carers:**

Further information about the service is on the Local Offer.  [Learning support hub – York SEND Local Offer](https://www.yorksend.org/learning-support-hub)

**By signing the declaration / statement you understand that the Learning Support Hub will:**

1. Allocate workers to work with your child in his/her school or setting, in your home or another agreed local setting.
2. Discuss the delivery of interventions to meet agreed outcomes and discuss reintegration planning with professionals from CAMHS and other health and social care professionals when required.
3. Discuss with the Local Area teams, what other support may be available to facilitate meeting outcomes and / or a reintegration back to school where appropriate.
4. Take photographs and / or audio and/or video recordings of your child for record keeping and assessment arrangements. Photographs will not be used for any other purpose without the additional consent of parents / carers (see below).

Please indicate whether you give your consent for your child’s photograph to be taken for the following purposes. No child or young person will be named in the use of these photographs.

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| --- | --- |
|  | Consent given |
| For record keeping and assessments including assessments for settings/schools | Yes / No |
| To illustrate the use of a specialist piece of equipment | Yes / No |
| To describe the work of the Learning Support Hub | Yes / No |
| To illustrate a special project or event organised by the Team | Yes / No |

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| --- | --- |
| **Name of Parent / Carer** |  |
| **Name of child** |  |
| **Signature (Parents)** |  |
| **Signature (Child/Young person – where appropriate)** |  |
| **Date** |  |

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**Glossary of Terms**

CPP – Child protection plan

EHA – Early Help Assessment

EHCP – Education, Health and Care Plan

MSP – My Success Plan

EYIF – Early Years Inclusion Fund