



SEN Inclusion Fund Application Form 2025-2026

Please refer to the "Stoke-on-Trent SENIF Guidance" for further information on SENIF funding.

Section 1: Setting details

| Setting Name | | | |
|---|---------------------------------|-----------|--|
| Telephone number | | | |
| Setting email | | | |
| Section 2: Child's details | | | |
| Child's name | | | |
| Child's date of birth | | | |
| Number of eligible funded hours (please state if stretched) | | | |
| Hours child attends | Mon | | |
| | Tues | | |
| | Wed | | |
| | Thurs | | |
| | Fri | | |
| Has the child previously attended another Nursery or had Portage? | | | |
| Additional Information | | | |
| Family in receipt of Disability Living Allowance (DLA) Yes□, No□ | | Yes□, No□ | |
| Provider claiming Disability Access Fund (DAF) Yes□, No□ | | Yes□, No□ | |
| Child's needs | | | |
| Main area of need | ☐ Cognition and Learning | | |
| | ☐ Communication and Interaction | | |

| | ☐ Social, Emotional and Mental Health | | |
|--|---------------------------------------|-------|-------|
| | ☐ Physical & Sensory | | |
| Description of child's needs | | | |
| (bullet points) | | | |
| Details of risks posed by the child's behaviour | | | |
| (e.g. constant climbing requiring a risk assessment) | | | |
| Developmental levels (Stoke Speaks Out Child Development Tool) | | | |
| | | DATE: | DATE: |
| Listening, attention and understanding | | | |
| Speaking | | | |
| Self-Regulation | | | |
| Managing Self | | | |
| Building Relationships | | | |
| Gross Motor | | | |
| Fine Motor | | | |

SECTION 3: Strategies already in place and their impact so far

(see SENIF guidance document for examples)

| Strategy/Intervention | Impact – please give real life examples |
|-----------------------|---|
| | |
| | |
| | |
| | |
| | |

Please attach copies of the child's latest IEP/Pupil Passport/SEN Support Plan showing a complete cycle of Assess, Plan, Do, Review to this application.

SECTION 4 – Please show how you are planning to use the additional funding.

(see SENIF guidance document for examples)

SENIF funding should be focused on developing independence and improving long term outcomes. Insufficient evidence in this box could result in funding not being granted.

| Strategy/Intervention/Resources | Costs | Intended outcomes – please give real life examples |
|---------------------------------|-------|--|
| | | |
| | | |
| | | |

Section 5: Parental consent

In line with the SEND Code of Practice (2014), settings must work in partnership with parents/carers to establish the support their child needs. Parents/Carers should be informed of and fully involved in making decisions around supporting a child's possible Special Educational Needs and/ or Disabilities.

I understand that my child's setting is requesting additional funding from Stoke-on-Trent City Council to help to support my child's additional needs and agree with the information contained in this application.

Stoke-on-Trent City Council will process personal information included in this document in accordance with the General Data Protection Regulation 2018. For more information please visit

https://www.stoke.gov.uk/info/20032/our data/157/how we use your personal information

| Parent/Carer signature | |
|---------------------------------------|--|
| Parent/Carer full name (please print) | |
| Relationship to child | |
| Date | |

Section 6: Setting declaration

- I confirm that I have read the SENIF Guidance document and all information is provided on this application is true and accurate at the time of completion.
- I confirm that parents/carers of this child are aware of and have agreed with this application.
- I confirm that my EYILS Officer agrees that this application is needed to support the child included.
- I understand that SENIF is subject to scrutiny and monitoring at any time so receipts and invoices for resources or staffing must be kept.
- I understand that the funding awarded must be used to support the child for whom it was given as agreed.
- I understand that I must inform EYILS immediately of changes to attendance patterns that will impact on this funding.

| Signature of applicant | |
|------------------------|--|
| Name of applicant | |
| Role in the setting | |
| Date | |

Once completed, please email this form to the Early Years Inclusive Learning Service eyils.sp@stoke.gov.uk