

**SEN Inclusion Fund Application Form - children aged 9-23 months with medical needs
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 <input type="checkbox"/> , No <input type="checkbox"/>
Provider claiming Disability Access Fund (DAF)	Yes <input type="checkbox"/> , No <input type="checkbox"/>

Child's needs

Main area of need (please highlight)	Cognition and Learning Communication and Interaction Social, Emotional and Mental Health Physical & Sensory
Description of child's needs (bullet points)	

Medical interventions needed in every session: please state the type of intervention, frequency and duration	Please comment if required
Training needed from medical professionals before admission (such as community nurse or Abbots Nurse)	
Physical/medical needs that require specialist equipment	
Need adult support for moving/position changes and personal care including feeding, changing and drinking (significantly above what is expected for children of this age)	
Has a therapy programme devised provided by a medical professional that has to be delivered in every session	
Need for frequent monitoring of medical condition	

Please describe any other interventions required in each session

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: 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 4: Please provide the names of professionals involved with the child and a copy of their Health Care Plan and any advice provided by their medical professionals

Name of professional	Role	Evidence provided

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 children 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