



## SEN Inclusion Fund Application Form for SHINE Settings 2025-2026

Settings who currently hold the SHINE Award can use this SENIF application form if they have individual or groups of more than 4 children with similar needs.

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: Individual children's details

Please complete this section for all of the individual children included in your SENIF group application.

Please add pages for more children as needed.

Each child's personal information should start on a new page – this will allow you to save each child's application in their SEN file more easily.

Please ensure that each individual child's Parent/carer signs this request as part of the Assess, Plan, Do, Review cycle.

## Child 1

### Child's details

Child's name	
Date of birth	
Number of eligible funded hours	
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"/>
Setting claiming Disability Access Fund (DAF)	Yes <input type="checkbox"/> , No <input type="checkbox"/>

### Child's needs

Main area of need	
Brief 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

	DATE:	DATE:
Listening, attention and understanding		
Speaking		
Self-Regulation		
Managing Self		
Building Relationships		
Gross Motor		
Fine Motor		

## 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](https://www.stoke.gov.uk/info/20032/our_data/157/how_we_use_your_personal_information)

<b>Parent/Carer signature</b>	
<b>Parent/Carer full name (please print)</b>	
<b>Relationship to child</b>	
<b>Date</b>	

## Child 1

### Child's details

Child's name	
Date of birth	
Number of eligible funded hours	
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"/>
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### Child's needs

Main area of need	
Brief description of child's needs (bullet points)	
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## Developmental Levels

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Listening, attention and understanding		
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<b>Parent/Carer signature</b>	
<b>Parent/Carer full name (please print)</b>	
<b>Relationship to child</b>	
<b>Date</b>	

## Child 2

### Child's details

Child's name	
Date of birth	
Number of eligible funded hours	
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"/>
Setting claiming Disability Access Fund (DAF)	Yes <input type="checkbox"/> , No <input type="checkbox"/>

### Child's needs

Main area of need	
Brief 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

	DATE:	DATE:
Listening, attention and understanding		
Speaking		
Self-Regulation		
Managing Self		
Building Relationships		
Gross Motor		
Fine Motor		

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

### Child 3

#### Child's details

Child's name	
Date of birth	
Number of eligible funded hours	
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"/>
Setting claiming Disability Access Fund (DAF)	Yes <input type="checkbox"/> , No <input type="checkbox"/>

#### Child's needs

Main area of need	
Brief 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

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Listening, attention and understanding		
Speaking		
Self-Regulation		
Managing Self		
Building Relationships		
Gross Motor		
Fine Motor		

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<b>Parent/Carer signature</b>	
<b>Parent/Carer full name (please print)</b>	
<b>Relationship to child</b>	
<b>Date</b>	

## Child 4

### Child's details

Child's name	
Date of birth	
Number of eligible funded hours	
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"/>
Setting claiming Disability Access Fund (DAF)	Yes <input type="checkbox"/> , No <input type="checkbox"/>

### Child's needs

Main area of need	
Brief 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

	DATE:	DATE:
Listening, attention and understanding		
Speaking		
Self-Regulation		
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<b>Parent/Carer signature</b>	
<b>Parent/Carer full name (please print)</b>	
<b>Relationship to child</b>	
<b>Date</b>	

## Section 5: 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 all individual children 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 children 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.

<b>Signature of applicant</b>	
<b>Name of applicant</b>	
<b>Role in the setting</b>	
<b>Date</b>	

Once completed, please email this form to the Early Years Inclusive Learning Service  
[eyils.sp@stoke.gov.uk](mailto:eyils.sp@stoke.gov.uk)