

SEN Inclusion Fund Group Application Form

2025-2026

Settings can use this SENIF application form if they have groups of more than 4 children with similar needs and plan to combine funding to meet the needs of this group.

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 (eg 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>

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

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 (eg 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 (eg 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

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

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 (eg constant climbing requiring a risk assessment)	

Developmental Levels

	DATE:	DATE:
Listening, attention and understanding		
Speaking		
Self-Regulation		
Managing Self		
Building Relationships		
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Parental Consent

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

SECTION 3: Strategies already in place and their impact so far (see SENIF guidance document for examples)

Strategy/Intervention	Children receiving this	Impact – please give real life examples
Eg People games	1,2,3,5	<ul style="list-style-type: none">• Children 1 and 2 will now look at the adult when the adult pauses the game• Child 3 still needs support to take part in people games• Child 5 will now request the adult repeats the interaction by taking their hands and putting them on their tummy for more tickles.

SECTION 4 – Provision Map to 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	Children included in this intervention	Costs	Intended outcomes – please give real life examples
			•
			•
			•

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.

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)