# **Early Years Special Education Needs and Disabilities Inclusion Fund**

#### SENDIF

#### Application Form Group applications only

#### Please send this form with all attached documentation to:

#### [sen-finance@southwark.gov.uk](mailto:sen-finance@southwark.gov.uk)

#### Monet McCrae, 4th Floor, Hub 2, Zone C, Southwark Council, PO Box 64529, London, SE1P 5LX

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| Southwark Education, Learning and Achievement |  |

 

#### Section one- Essential information- for group applications only- you may apply for up to 5 but at least 3 children as part of a group application. A maximum of 4 group applications may be made per setting each year. Children already in receipt of funding from SENDIF should not be included in group applications

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| **Setting name** |  | | **Applying officer** |  | |
| **Setting address and postcode** |  | | **Date of application** |  | |
| **Children’s details**- you may include **up to 5** but **at least 3 children** in a group application- you must have [parental consent](#Parental) for each child | | | | | |
| **Child’s name** |  | | **Child’s name** |  | |
| **Child’s address and postcode** |  | | **Child’s address and postcode** |  | |
| **Date of birth** |  | | **Date of birth** |  | |
| **Parental consent included- please tick** |  | | **Parental consent included- please tick** |  | |
|  | | | | | |
| **Child’s name** |  | | **Child’s name** |  | |
| **Child’s address and postcode** |  | | **Child’s address and postcode** |  | |
| **Date of birth** |  | | **Date of birth** |  | |
| **Parental consent included- please tick** |  | | **Parental consent included- please tick** |  | |
|  | | | | | |
| **Child’s name** |  | |  | | |
| **Child’s address and postcode** |  | |
| **Date of birth** |  | |
| **Parental consent included- please tick** |  | |
|  | | | | | |
| **Nature of children’s SEN (Special Educational Needs)** | Communication and Interaction |  | Cognition and Learning | |  |
| Social, Emotional and Mental Health |  | Sensory and/or Physical needs | |  |
| **Where are the children developmentally?** |  | | | | |

#### Section two- the children’s needs, the actions you have taken and the impact on their progress

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| What needs do the children have? |
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| What have you put in place so far to help the children? |
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| What has been the impact of the actions you have taken so far to help the children? |
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| What do you need to do next and how will the funding help you do this? |
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#### Section three- Parental consent- parents must provide their consent for application to the SENDIF (Special Education Needs and Disabilities Inclusion Fund) and for sharing of information with the Local Authority.

To comply with GDPR (General Data Protection Regulations) please ensure this section is downloaded and filled in separately for each parent.

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| **Child’s name** |  |
| **Parent’s name** |  |
| **Parent’s address and postcode- if different from child’s** |  |
| **Parent’s telephone number** |  |
| **Signature of consent**  ***By signing this document, you are agreeing to the sharing of any information obtained, with all services and partner agencies.*** |  |