When to use this form

This form should be used when your setting has SENDIF funding for a child which is now coming to an end and you still have concerns about the child. It can only be used when the same level of SENDIF funding is being requested. If you are seeking a higher level of SENDIF funding then you should complete a full application. There is no automatic entitlement to an extension of funding and you must attach evidence such as professional reports and recent SEN Support Plans to demonstrate that your setting and the child meet the criteria. This application will then be considered by the SENDIF Panel.

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| **Section 1:** General Information | | | | | | | | | | |
| School/setting details | | | | | | | | | | |
| Setting name |  | | | | | | | | | |
| Setting address |  | | | | | | | | | |
| Name of SENCo |  | | | Phone |  | | | | | |
| Email |  | | | | | |
| Child’s Name |  | | | Date of Birth |  | | | | | |
| Dates of funding period |  | | | Current Agreed  SENIF level |  | | 1b / Medium Level | | | |
|  | | 1c / Higher Level | | | |
| Section 2  Summarise the impact of the previous funding period for the child, including the interventions that have been put in place and how professional recommendations have been delivered. Attach SEN support plan and reviews. Do not refer to 1 to 1 staffing | | | | | | | | | | |
|  | | | | | | | | | | |
| Section 3  Planned use of extension funding from the SENDIF | | | | | | | | | | |
| Please provide additional professional information to support extending the funding period and  attach professional reports. Do not make reference to 1 to 1 staffing. | | | | | | | | | | |
|  | | | | | | | | | | |
| What additional interventions and practice do you want to develop with the funding to support this child to continue to make progress? | | | | | | | | | | |
| Use the headings below to outline how you will spend the funding allocated to support the child’s outcomes. Include any supplemental funding you are already receiving to support the child’s learning i.e. EYPP, deprivation supplement and/or DAF. | | | | | | | | | | |
| Interventions above and beyond what would normally be provided | | |  | | | | | | | |
| Delivery of professional recommendations | | |  | | | | | | | |
| Specialist equipment recommend by professional | | |  | | | | | | | |
| Differentiated curriculum | | |  | | | | | | | |
| Section 4 - Consent  Information from parent / carer and consent | | | | | | | | | | |
| For completion by the child’s parent / legal guardian only  Please provide further information, views or comments about your child to support this application  *If you require any support outside of the setting, such as parenting support for managing behaviour, please do ask your setting or health visitor to make an Early Years Referral for Family Support or contact your local children’s centre for a wide range of support and advice.* | | | | | | | | | | |
|  | | | | | | | | | | |
| Parent/Legal Guardian and SENCo to sign: | | | | | | | | | | |
| Data Protection | | The information provided on this form will be used to inform decision-making. This means that the information provided on the form will be shared with the relevant staff members to guide their work for the duration of the support period. This form and any further related documentation and records of work carried out will be stored in a case file in your family name. If you have any questions about how your information is used, please visit: <https://www.merton.gov.uk/legal/privacy-and-cookies> | | | | | | | | |
| Parent / Carer Name | |  | | | | | | | | |
| Parent / Carer signature\* | |  | | | | Date | | |  | |
| Parent/Carer Email | |  | | | | | | (required if you would like to receive confirmation of the Panel decision) | | |
| SENCo Name\* | |  | | | | | | | | |
| SENCo Signature\* | |  | | | | Date | | | |  |
| \* We cannot accept forms without a SENCo name and signature and parent/carer signature. Forms will be returned if these are not provided. | | | | | | | | | | |

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| Section 5  Submitting the application |
| * Please make sure you allow sufficient time and complete your application fully with full involvement from the family * If approved by the SENDIF Panel, funding will be granted for either 2 (1b) or 3 (1c) terms or until the child starts in reception. (Please see page 12 of the Handbook) * Incomplete applications will not be considered. If you have not answered all the questions or not shown how the criteria have been met, your application will be returned * We correspond with settings using encrypted email. Merton Council cannot be responsible if a message sent from a provider via standard (non-encrypted) email is accessed by an unauthorised person. * PVI settings should email [ey.funding@merton.gov.uk](mailto:ey.funding@merton.gov.uk) to request an encrypted email and follow the steps to reply attaching your completed form and supporting documents. Schools must return the form to the Providers group on USO-FX * Forms submitted in hard copy (on paper) will not be processed and will be securely destroyed. * You will receive notice of the outcome of the application in writing within 5 working days of Panel. London Borough of Merton will be unable to inform you of the outcome of the application through any other means * When confirming the Panel decision with parents/carers, personal data will be anonymised / omitted |