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**SEN Support: Application for additional funding: RENEWAL (from Reception Year)**

This form is to be used by a setting to apply for the *continuation* of Additional Funding. Any requests for extension of additional funding will only be agreed for a maximum of **6 months**. During this time the school or setting will be required to submit an EHC assessment request if further access to element 3 funding is required beyond that date.

N.B. **Year 6 only**: Any extension of an additional funding request in **Year 6** will last for a maximum of **20 weeks**. If further element 3 funding is required then an EHC assessment request should be submitted at the point of request for renewal. **If the request is declined the funding will cease automatically on that date.**

If the request involves any application for an increase in the agreed level of funding a new Application for Additional Funding will need to be submitted.

The Special Educational Needs Casework Team is available to support you in preparing your application. Please email [SEN@Oxfordshire.gov,uk](mailto:SEN@Oxfordshire.gov,uk) or contact your SEN Officer for support.

Completed applications should be sent to [EHCPApplications@Oxfordshire.gov.uk](mailto:EHCPApplications@Oxfordshire.gov.uk)

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| **Original Application for Additional Funding** | |
| **Date of Application Panel agreement ( within 12 months)** |  |
| **Panel decision ( how many hours support and value)** |  |
| **Date funding granted until:** |  |

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| **Pupil information** | | | | | |
| **Application for** |  | | | | |
| **Date of birth** |  | **NC Year Group/ Offset** | |  | |
| **Child Looked After** | **Y / N** | **Child in Need** | | **Y/N** | |
| **School /setting** |  | | | | |
| **Completed by** |  | | | | |
| **Designation** |  | | **Date** | |  |

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| **Please list all professionals currently involved (add more rows if needed)** | | |
| **Name** | | **Role** |
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| **Primary Need** | ASD , SEMH, HI, MLD, MIS, OTH, PD, PMLD, SLCN, SLD, SPLD, VI, X | |
| **Secondary Need** | ASD , SEMH, HI, MLD, MIS, OTH, PD, PMLD, SLCN, SLD, SPLD, VI, X | |
| **Has a request for an EHC needs assessment been considered and applied for?** | | |
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**PART 1: Person Centred Planning**

Please include here any changes in the child’s or families views over since the previous application and describe ways you have gathered their views during this time.

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| **Child or young person** | **Family** |
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**PART 2: Educational Support**

Summarise how element 2 (£6,000) or targeted funding in Early Years settings and additional funding have been used since it was agreed to achieve child/young person outcomes, including how advice and support from other agencies available through the Local Offer has been implemented.

Attach an Individual Provision Chronology or similar as evidence.

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| **Summary list of interventions, support services, activities etc. and costs for each.** | **Cost** | **Outcome** |
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**PART 3: Educational documentation, reports and assessments**

**Essential educational documentation/ information**

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| **Type of document** | **Date submitted** | **Name of person responsible for document and designation** |
| Individual Provision Tracker or similar covering the period funding initially agreed for |  |  |
| SEN support plans/ profiles and reviews to cover the period of funding initially agreed for. |  |  |
| Timetable of similar showing clearly how additional funding has supported child’s accesses to appropriate learning experiences. |  |  |
| Attendance record |  |  |
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**Additional reports and assessments**

Include any relevant reports or assessments which have contributed to the provision of the child during the time the initial funding has been in place. E.g. reports from SENSS, EP, EYSEN team or reviewed risk assessments

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| **Name of Report / assessment** | **Date submitted** | **Name of the lead professional/ author and designation** |
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**PART 4: Additional Considerations**

In this section please detail any additional circumstances that you feel should be considered with this application.

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