

## Exceptional Needs Funding (ENF) Request Form

ENF provides enhanced staffing where a child is not eligible for any other form of funding and would be unable to attend provision without enhanced adult ratios. We will decide based on the information you submit whether to provide ENF and it is therefore important to clearly identify the level and frequency of support the child needs and why for us to allocate the appropriate level of funding.

ENF must be discussed with a member of the Early Years SEND Team. Before completing the form, please contact [ey.send@cambridgeshire.gov.uk](mailto:ey.send@cambridgeshire.gov.uk).

|                 |  |
|-----------------|--|
| Date of request |  |
|-----------------|--|

| Section 1: Child's Details  |  |
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| Child's legal name  |  |
| Child's date of birth   |  |
| Is the child on the Early Support Pathway, or known to the Sensory Support Service?   |  |
| What is the child's main area of need or formal diagnosis?  |  |
| Has there been any recent involvement from a Specialist Practitioner or Specialist Teacher?   |  |
| Does the child have complex medical needs that require constant adult support to keep them safe? e.g., a feeding tube, diabetes, epilepsy with frequent episodes? |  |
| Have you had to use physical intervention to manage unsafe behaviours? e.g., holding a child, picking them up against their will, lifting them off furniture?     |  |
| Have you had to reduce the child's hours or exclude the child due to their needs?   |  |
| Is the child supported in their chronological age group?  |  |

| Section 2: Provider Details   |  |
|---|--|
| Provider name   |  |
| Provider address  |  |
| Name of person completing form  |  |
| Provider email address  |  |
| Provider phone number   |  |
| When did the child start at your setting?   |  |
| If the child has not yet started at your setting what is their expected start date? |  |
| Total number of hours attending per week:   |  |
| Are there any concerns about attendance? If so, why?                                |  |
| How many other children in your setting currently receive SENIF?                    |  |

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| Attendance Pattern (please provide start and end time) |
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| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

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| Section 3: Early Education Entitlement |
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| Eligible for   |  |
| Does the child receive their funding entitlement as a stretched offer?                     |  |
| How many hours of universal funding entitlement has been claimed each week for this child? |  |
| How many hours of extended funding entitlement has been claimed each week for this child?  |  |
| Primary School expected date of entry  |  |
| Is the child's school entry being delayed?   |  |

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| Section 4: Shared Provision |
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| Name of another provider (where applicable)      |  |
| Is the other provider aware of this application? |  |
| Hours attended per week                          |  |

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| Section 5: Additional Information |
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| Name of Early Years SEND Advisor who this application was discussed with |
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| Why is ENF required? (Why are other funding streams not available?) |
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| If not already on the Early Support Pathway, when will a referral be made? (For some medical cases a referral to early support may not be applicable) |
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## Section 6: Details of Provision

Please tell us what your typical session/day currently looks like for all children in your setting  
Please identify all transitions and routines, e.g., free flow, group times, lunch, snacks, etc.

How does the day differ for this child? (Consider: What reasonable adjustments do you need to make to support the child's access? What changes do you need to make to your routines, environment, or adult support levels? What strategies have you tried, and have they worked?)

Do you need to adapt the environment to meet the needs of the child? If so, how?

## Section 7: Child's Needs

Please complete with as much detail as possible, this section should be used to evidence the rating you have requested. If the child has not yet started at the setting, please answer all questions using information/evidence available to you. Information can be transferred from your Enhanced Support Strategies and ICP documents for some of these questions.

Please provide a summary of the child's development levels. Please refer to the Cambridgeshire Early Years Development Journal (CEYPJ), development matters or equivalent development tool.



Section 8: Support for Child

What strategies, targeted support and interventions are you using to reduce the barriers and how often does this happen throughout the session? Please be specific.

|                                    |  |
|------------------------------------|--|
| Personal, Social & Emotional Needs |  |
| Communication & Interaction        |  |
| Physical & sensory needs           |  |
| Cognition & Learning               |  |

What impact do you expect the support to have for the child? (What do you think will improve, how will it support the child and their family?)

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Please identify how you intend to staff enhanced support? (e.g., through redeployment of existing staff or by recruiting. If you can only offer support at certain times of the day or there are restrictions in when you can offer support, please identify them here.)

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Is there any other information you would like to provide to support this request?

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| If funding is agreed, will you have enhanced adult support available for the start of the funding period? |  |
| If funding is agreed, what will the ratio be for this child with enhanced staffing in place?              |  |

If the child has not yet started at your setting, what will you do to support the child's transition into your setting? e.g., home visits, meeting with the child's parents/carers, stay and play sessions, etc.

**Section 8: Setting Agreement**

The setting agrees to the following terms & conditions:

1. To read the [Special Educational Needs Inclusion Funding \(SENIF\) Frequently Asked Questions](#).
2. Immediately inform the Local Authority of any changes of circumstances, e.g., a reduction in hours attended, the child is leaving the setting.
3. Pay back any unspent funding if the child leaves the setting, reduces hours, or has a finalised EHCP in place.
4. Provide the provision outlined in the SENIF/ENF request form and ensure the hours for attendance identified within the application are made available to the child.
5. To provide information termly to confirm funding needs for the next funding period.
6. Engage in a SENIF/ENF Audit if requested. This may include a visit to review provision and the impact upon the child (reasonable notification will occur).
7. Keep a record of how the funding has been spent, which must be in line with the provision set out within the request.
8. Ensure appropriate communication and partnership with parents and carers of the child to ensure best possible outcomes for the child.
9. Undertake effective Asses, Plan, Do, Review process which involves parents/carers.
10. Hold a copy of the Parental Agreement Form which has been signed by the child's parents/carers.

I confirm that all the information given in this form is correct and agree to the above terms and conditions.

|           |  |      |  |
|-----------|--|------|--|
| Signature |  | Role |  |
|-----------|--|------|--|

Providers must submit this request form using the Provider Portal.

If you have any questions or queries, please send an email to [ey.send@cambridgeshire.gov.uk](mailto:ey.send@cambridgeshire.gov.uk)

#### Data Protection

Cambridgeshire County Council will process personal information included in this document in accordance with the General Data Protection Regulation 2018.