

## SEN Inclusion Fund (SENIF) Request Form

Where agreed SENIF offers a contribution towards the cost of enhanced support for children that are in receipt of Early Years funding or a child who has delayed entry who are on the Early Support Pathway or known to Sensory Support Service and attending a registered Early Years Setting.

Date of request	
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Section 1: Child's Details	
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?	

Attendance Pattern (please provide start and end time)

Monday	Tuesday	Wednesday	Thursday	Friday

Section 3: Early Education Entitlement

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?	

Section 4: Shared Provision

Name of another provider (where applicable)	
Is the other provider aware of this application?	
Hours attended per week	

**Section 5: Funding Rates**

Funding approval will be based on the information you submit in this section, SENIF funding is not guaranteed, and the panel may allocate a different rate to the one you have requested. For us to allocate the appropriate level of funding, it is important to clearly identify the level and frequency of support the child needs and why. Consider all elements of the child's needs across the session.

SENIF is a contribution towards the cost of enhanced staffing and is paid at £7 per hour. The total amount awarded is dependent on the child's funded hours and the rate given.

You must submit a copy of the child's most recent Risk Assessment for rate three requests.

Please indicate which rate you feel is appropriate for this child's needs (please note, that this may not be the rate allocated).

Rate 1 – The child requires frequent adult support to enable them to positively engage in all aspects of an early years setting. This is likely to equate to 50% of their funded hours.	
Rate 2 – The child requires significant and personalised adult support to enable them to positively engage in all aspects of an early years setting. This is likely to equate to 75% of their funded hours.	
Rate 3 – This child requires intensive adult support to enable them to engage in all aspects of an early years setting safely and positively. This is likely to equate to 100% of their funded hours.	

## 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.



Medical needs – please include how this is supported and frequency.

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### 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?

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).

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

If funding is agreed, will you have enhanced adult support available for the start of the funding period?	
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If funding is agreed, what will the ratio be for this child with enhanced staffing in place?	
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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 9: 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 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 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	
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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.