

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.

You must clearly identify the level and frequency of support the child needs and why, for us to allocate the appropriate level of funding.

A risk assessment must be submitted with all ENF request forms.

Before submitting an ENF request, there must be discussion with an Early Years Adviser/Early Years SEND Adviser. To request a discussion please email ey.send@cambridgeshire.gov.uk.

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? For example, feeding tube, diabetes, epilepsy with frequent episodes?	
Have you had to use physical intervention to manage unsafe behaviours? For example, 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 telephone 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 early years funding entitlement has been claimed each week for this child?	
Primary school expected date of entry	
Is the child's school entry being delayed?	
If the child is deferring, has this been approved by the local authority	

Section 4: Shared provision

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

Section 5: Additional information

Name of Early Years Advisor who this application was discussed with (all ENF must be discussed with an Early Years Adviser)
Why is ENF required? Why are other funding streams not available?
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.

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, for example, free flow, group times, lunch, snacks, and so forth.

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 tool.

What are the child's barriers to learning? Please describe using the headings below:

Personal, social and emotional needs

Communication and interaction

Physical and sensory needs

Cognition and learning

Unsafe behaviours that affect the safety of themselves or others What does this look like and how often does this occur? Please list:

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

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 and emotional needs

Communication and interaction

Physical and sensory needs

Cognition and 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? For example, 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?

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? For example, home visits, meeting with the child's parents/carers, stay and play sessions, and so forth.

Section 8: Setting agreement

The setting agrees to the following terms and conditions:

- To read the SENIF guidance and frequently asked questions [Special Educational Needs Inclusion Funding \(SENIF\) - Learn Together \(cambslearntogether.co.uk\)](https://www.cambslearntogether.co.uk).
- Immediately inform the local authority of any changes of circumstances, for example, a reduction in hours attended, the child is leaving the setting.
- Pay back any unspent funding if the child leaves the setting, reduces hours or has a finalised EHCP in place.
- 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.
- To provide information termly to confirm funding needs for the next funding period.
- 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).
- Keep a record of how the funding has been spent, which must be in line with the provision set out within the request.
- Ensure appropriate communication and partnership with parents and carers of the child to ensure best possible outcomes for the child.
- Undertake effective Asses, Plan, Do, Review process which involves parents/carers.
- 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 the Early Years Service SEND Inbox: 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.