

**Parental / Carer Agreement for a Special Educational Needs Inclusion Fund (SENIF) /  
Exceptional Needs Funding (ENF) Request**

***This is to be retained by the provider (securely) and does not need to be sent to the Local Authority.  
Please provide a copy for the parent / carer.***

Setting name	
Child name	
Child's date of birth	

**Declaration**

In signing this form, I am confirming that I agree with the application for SENIF / ENF to be sent to the Local Authority. The provider has explained the reasons why they feel this is required to support my child.

I have read the SENIF/ENF **Request Form**, and I am happy for this to be submitted to the Local Authority to process the application.

**Data Protection:**

The Local Authority collects your/ your child's details to process the application for the funding.

All SENIF / ENF requests and data is stored securely and maintained in accordance with the Data Protection Act.

The local Authority may use anonymised data relating to SENIF / ENF to analyse the impact and use of public funds.

Further information about how we collect and use data, and your rights around this, can be found on the Privacy page on our website: [www.cambridgeshire.gov.uk/privacy](http://www.cambridgeshire.gov.uk/privacy).

Our Data Protection Officer can be contacted via [data.protection@cambridgeshire.gov.uk](mailto:data.protection@cambridgeshire.gov.uk) / 01223 699 137

If you have concerns about how the setting is meeting your child's Special Educational Needs or Disabilities please discuss this with the setting. If you remain concerned about the response The Early Years SEND Team can be contacted via [ey.send@cambridgeshire.gov.uk](mailto:ey.send@cambridgeshire.gov.uk)

Signature of parent / carer with legal responsibility	
Name (printed)	
Relationship to child	
Date	

**Providers must retain this Parental Agreement Form and make it available to the Local Authority if requested.**