**Cambridgeshire Time-limited Inclusion Grant (TIG) APPLICATION FORM**

***Please note the word limits and do not attach other documents to this form.***

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| 1. **Child/Young Person’s Details** | | | | | | | | | |
| **Child/Young Person’s Full Name** | | | |  | | | | | |
| **Home Address & Postcode**  *child must live in Cambridgeshire* | | | |  | | | | | |
| **Date of Birth** | | DD/MM/YYYY | | **Current Year group** | |  | **Chronological year group** (if different) | |  |
| **Sex** | Male/Female | | **Gender** | Male/Female/Non-Binary/Other please state: | | | | | |
| **Ethnicity [[1]](#footnote-2)** | |  | | | **Home Language** | | |  | |
| **UPN** | |  | | | **NHS Number** | | |  | |
|  | | | **Parent /Carer /**  **Social Worker if CIC** | | | **Parent /Carer** | | | |
| **Name** | | |  | | |  | | | |
| **Relationship** | | |  | | |  | | | |
| **Telephone no.** | | |  | | |  | | | |
| **E-mail** | | |  | | |  | | | |
| **Address**  **(if different from above)** | | |  | | |  | | | |
| **Parent/carer signature** | | | Date: | | | Date: | | | |
| **Child/Young Person’s Signature** | | |  | | | Date: | | | |
| **Parent and C/YP views regarding the needs identified and their hopes for the progress that could be achieved with the TIG (max 150 words)** | | | | | | | | | |
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**Please email this completed form to TIG@cambridgeshire.gov.uk**

**Please repeat page 1 for every child you wish to benefit from the TIG.**

**All information beyond this point should not mention the child/children by name.**

**The rest of the form should be anonymous,**

**for the purposes of the Panel.**

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| 1. **School’s Details** | | | |
| **Name of School** |  | | |
| **Name and Job Title** |  | | |
| **Email Address** |  | | |
| **Signature** |  | **Date** |  |

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| **3. APPLICATION INFORMATION: what is the school or setting asking for?** | | | | | | | |
| **Application type**  **(tick 🗸 the one that applies)** | New submission | | | | | |  |
| Change to existing provision (prior to expiry) | | | | | |  |
| Reapplication to continue existing provision | | | | | |  |
| Reapplication (when new request was initially refused) | | | | | |  |
| **Are you requesting TIG for a group of children?** | | | | | Yes / No | | |
| **Is the pupil currently receiving TIG?** | | | | | Yes /No | | |
| **If Yes** – **Please state, the amount of existing TIG?** | | | | | £ | | |
| **Start date of existing TIG** | | DD/MM/YYYY | | **End date of existing TIG** | | DD/MM/YYYY | |
| **Requested length of funding** | | | 1 term / 2 terms / 3 terms / + 1st term secondary | | | | |

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| **4. Description of Child or Young Peron’s/Groups Needs** | | | | | | |
| **Bold/highlight**  **Primary presenting**  **need of CYP** | | Cognition and learning: *SPLD, MLD, SLD, PMLD*  Communication & interaction: *SLCN, ASD (if diagnosed)*  Social, emotional &mental health: *SEMH*  Sensory & physical impairment: *PD / HI / VI / MSI* | | | | |
| **Bold/highlight**  **Any other presenting need** | | Cognition and learning: *SPLD, MLD, SLD, PMLD*  Communication & interaction: *SLCN, ASD (if diagnosed)*  Social, emotional &mental health: *SEMH*  Sensory & physical impairment: *PD / HI / VI / MSI* | | | | |
| **Current Year group** | |  | | | **Date of Birth**  **and Chronological year**  (if different) |  |
| **Medical Diagnoses**  **(if applicable)** | |  | | | | |
| **Social Care/Targeted Support Involvement** | | Targeted Support/ Child in Need / Child Protection / Child in Care (i.e., LAC) / Previously Child in Care /Special Guardianship | | | | |
| **Name of Social Worker if CIC** | |  | | | | |
| ***Vignette:* brief description of pupil’s special educational needs/disability (SEND) and impact on learning and development** (150 words max)  *Detail the impact of the difficulty in a specific area(s) of the curriculum; across the whole curriculum; at specific times or in response to specific contexts; or across the whole day or week.* | | | | | | |
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| **Why are the pupil’s needs considered Band 3 when taking in to account all pupils in Cambridgeshire mainstream schools?** (100 words max – please refer to the banding descriptors linked here [cambslearntogether.co.uk/asset-library/SEND-Assets/Mainstream-Banding-Descriptors-July-2023.pdf](https://www.cambslearntogether.co.uk/asset-library/SEND-Assets/Mainstream-Banding-Descriptors-July-2023.pdf)) | | | | | | |
|  | | | | | | |
| **Attendance** | | **Period (Dates)**  **Actual Attendance** | | **Number of Sessions/**  **Possible Attendance** | **No**  **of Sessions** | **Percentage**  **Attended** |
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| **Add any relevant information re attendance below** | | | | | | |
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| **Current levels of achievement** (150 words max) (e.g., Cambridgeshire early years developmental Journal / Standardised scores) Please describe the gap between the pupil’s achievement and age expected. If not using standardised scores you may need to explain where these scores lie within your own school’s progress and attainment recording system. | | | | | | |
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| **What assessments did you use to inform your interventions?** **What were your** **findings, give standardised scores, except for SEMH assessments**(150 words max)  [**Recommended Assessments for Schools 2018**](https://www.cambridgeshire.gov.uk/asset-library/Recommended-assessments-to-help-teachers-and-SENCo-updated-June-2020.pdf) | | | | | | |
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| **What external agencies have been involved over the last 18 months?[[2]](#footnote-3)** | | | **What was their advice re additional interventions and how did you implement it?**  (150 words max) | | | |
| *List below* | | | *Please summarise the* ***interventions*** *requiring an additional adult to deliver them.* | | | |
| **What impact have interventions had? What progress has the child made? How have interventions been modified in response to review evidence?** (150 words max) | | | | | | |
| **Intervention (specify)** | **Baseline and most recent outcome or progress made** | | | | | |
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| **5. EVIDENCE OF COSTS** | | | | |
| **Provision map of current interventions:**  **Current costed provision map showing what interventions are / have been in place to meet pupil’s needs in the current academic year – please show unit costs for group interventions (this means that group provision is pro-rated to costs per pupil.** | | | | |
| 1. **What is the nature of the intervention?** 2. **Who delivers it? (e.g., TA, support teacher etc.)** | **Start**  ***and***  **End date** | **Duration (hours)**  ***and***  **Frequency (per week)**  ***and***  **Grouping (e.g., in group of 6)** | **Unit cost per year (i.e., full annual cost divided by number in group)** | **Will you deliver this intervention if TIG is agreed:**  **yes / no** |
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| **Add specific new interventions that will be delivered if this bid is successful** | | | |
| 1. **Intervention that is planned.** 2. **Who will deliver it?**   ***NB: 1:1 or TA time is not an intervention, but a resource to deliver the intervention*.** | **Start *and* end date** | **Duration, frequency & grouping** | **Unit cost per year** |
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| **Total cost of interventions *that are planned to continue or be added* (per year) – remember to include unit costs only for group interventions.** | | | £ |
| **Deduct existing additional needs funding element 2 & devolved funding (i.e., subtract £6K of additional needs spend) to determine total amount of top-up requested** | | | £ |
| **Pupil/pupils eligible for Pupil Premium, DLA, other additional funding? If so, what, and how much?** | | |  |

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| **6. SCHOOL DETAILS** | | | | | | |
| **School context**  (75 words max) | |  | | | | |
| **Contextual data for the school setting (current data or from last census).** | | | | | | |
| **No. of CYP receiving devolved funding in setting** | **No. EHCPs in setting** | | **No. EHCPs in class** | **% FSM in setting** | **% PP in setting** | **% EAL in setting** |
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**Please email this form to SEND Service at TIG@cambridgeshire.gov.uk**

1. [Use Office of National Statistics categories of ethnicity](https://www.ons.gov.uk/methodology/classificationsandstandards/measuringequality/ethnicgroupnationalidentityandreligion#ethnic-group)  [↑](#footnote-ref-2)
2. [↑](#footnote-ref-3)