Please read the Childcare Inclusion Fund Information for Parents and Childcare Inclusion Fund Information for Childcare Providers which give details of eligibility, before completing this form.

**Parent/carer to complete the following section**

**Section one: about you and your child**

Your child’s name:………………………………………..Date of birth:…………………………..

Your name:………………………………………………..Telephone number:…………………..

Address:………………………………………………………………………………………………

Your child’s school:………………………………………………………………………………….

Your child’s SENCO/key worker:…………………………………………………………………..

Is your child attending childcare while you are working or training? (please tick box)

□ Yes □ No

If yes, please complete your hours of work or training below

Please complete your hours of work or training below

Please complete your partner’s hour of work or training below

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| From |  |  |  |  |  |
| To |  |  |  |  |  |
| Total hours |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| From |  |  |  |  |  |
| To |  |  |  |  |  |
| Total hours |  |  |  |  |  |

Or not applicable (single parent) □

**You will need to provide evidence that you are working to your childcare provider, for example payslips or a letter from your employer**

**Section two: the support that your child needs**

Does your child have an Education Health and Care Plan (EHCP)

or Statement of Special Educational Needs? □ Yes □ No

Does your child receive Disability Living Allowance (DLA) □ Yes □ No

**Please identify your child’s special needs:**

Autistic spectrum disorder (ASD)

Physical disability

Multi-sensory impairment

Visual impairment

Hearing impairment

Speech and language and communication needs

Behaviour, emotional and social difficulties

Profound and multiple learning difficulties

Complex medical needs

Chronic conditions such as asthma, eczema or diabetes

Moderate learning difficulties

Other (please give details)

Please briefly explain the type of support your child needs e.g. toileting, eating, keeping safe.

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

Does your child need help communicating with other people?

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

What support or encouragement does your child need to get the most out of play or activity?

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

**Section three: Other agencies involved in supporting your child**

CAMHS □

Brighton & Hove Inclusion Support Service (BHISS) □

Children’s Disability Team (Seaside View) □

Social services □

Speech and language service □

Other (please state)………………………………………………………………………………

**Anything else you would like to add:**

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

Your signature:………………………………………………………………..Date………………..

Thank you for completing this form. Please pass it to your childcare provider.

**Childcare or activity provider to complete the following section**

Name and address of childcare or activity setting……………………………………….……..

………………………………………………………………………………………………………..

Contact name ………………………………………..Contact number…………………………..

Contact e-mail……………………………………………………………………………………….

**Playscheme or activity applied for**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ | Spring half term | □ | Easter holidays |  |
| □ | Summer half term | □ | Summer holidays |  |
| □ | Autumn half term | □ | Christmas holidays |  |
| Start date………………………………………….. | | | |  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s attendance (week 1)** | | | | | |
| Start date |  | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start time |  |  |  |  |  |
| Finish time |  |  |  |  |  |
| Total hours per day |  |  |  |  |  |
| Total hours per week | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s attendance (week 2)** | | | | | |
| Start date |  | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start time |  |  |  |  |  |
| Finish time |  |  |  |  |  |
| Total hours per day |  |  |  |  |  |
| Total hours per week | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s attendance (week 3)** | | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start date |  | | | | |
| Start time |  |  |  |  |  |
| Finish time |  |  |  |  |  |
| Total hours per day |  |  |  |  |  |
| Total hours per week | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s attendance (week 4)** | | | | | |
| Start date |  | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start time |  |  |  |  |  |
| Finish time |  |  |  |  |  |
| Total hours per day |  |  |  |  |  |
| Total hours per week | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s attendance (week 5)** | | | | | |
| Start date |  | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Start time |  |  |  |  |  |
| Finish time |  |  |  |  |  |
| Total hours per day |  |  |  |  |  |
| Total hours per week | | | | |  |

How will the inclusion funding be used? (please tick)

□ Worker time □ Equipment □ Training □ Other

What is the hourly rate for the worker? £………………..…p/h

(A maximum of £10.00 per hour will be paid towards staff costs)

Total cost for the worker: £…………………………

|  |  |
| --- | --- |
| **Details/breakdown of how funding will be used** | |
| **Total amount requested** | **£** |

Have you identified a worker to provide support for this child? Yes □ No □

What is their qualification level and experience of working with children with SEND? …….

…………………………………………………………………………………………………………

Have any training needs been identified to support this child’s inclusion?........................... ………..………………………………………………………………………………………………

What other changes will be made to make sure that the whole team supports this child’s inclusion?……………………………………………………………………………………………………………………………………………………………………………………………………..

For the higher rate of funding (up to £3,600 a year)

I confirm that I have seen evidence that the parent(s) are working and that the childcare will be used while the parent is at work

Your signature………………………………………………………Date………………………….

Thank you for completing this form. Please return it to:

Annette Barnard, Early Years and Childcare, Hove Town Hall, Norton Road, HOVE BN3 3BQ

annette.barnard@brighton-hov.gov.uk