Continuation Request for Early Years Inclusion Grant Funding

Return this form with a Provision Planner and relevant SEN plans using Egress to infofis@barnsley.gov.uk. This application must be typed

Name of Child	
Date of Birth	
Name of Setting	
Could you please provide parent/carer address?	
How many terms of grant has the child received? / How Many hours funded? (3 terms maximum)	
Term Grant is For (Summer, Autumn, Spring)	
Please confirm if submitted child will be in Full time Education?	
In the box below please add a detailed explanation about the impact the last allocation of funding had on the child's learning and development including any comments from the child or parent as appropriate.	
Please explain in detail how you will use the funding requested to meet the child's need including the tasks, interventions and activities you are planning which will require support. If this is the 3 rd term of funding please also explain how you will support the child beyond this claim e.g. grant no longer required, applied for EHCNA. Please include a provision planner and any support plans you have in place.	

Term time hours In column 2 indicate hours attending EEF\TYE In column 3 indicate how many EEF\TYE hours you are requesting funding for In column 4 indicate any wraparound hours In column 5 indicate wraparound hours requesting funding for Days of the EEF\TYE EEF\TYE Wrap Around Wrap Around Week number of number of hr's number of Number of hr's hours attending requesting hours child requesting grant for attends grant for **Monday Tuesday** Wednesday **Thursday Friday TOTALS** for week Is the child on a stretched offer? Please answer Yes or No **HOLIDAY HOURS** Total hours of grant Number of weeks for Hours attended per Total hours per week week requested period applying for

This form must be submitted by the submission date for panel