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|  | **Part 1**  **Activity Led Funding in the Early Years (ALFEY)** |  |

**application form**

**Section A – Setting Details**

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| Setting Name |  |
| Setting Address and Postcode |  |
| Setting email |  |
| Setting Telephone number |  |
| Referring practitioner (name and role) |  |
| Current Ofsted rating: |  |
| Date of submission: |  |
| Date of panel for application to be considered |  |

**Section B – New requests for ALFEY and/or renewals.**

Please give details below of the following groups of children:

* Children for whom you are making a new application for ALFEY
* Children for whom you are reapplying for ALFEY funding that has previously been allocated and is due to cease.

**CP = Child Protection, CIN = Child In Need, EAL = English as an Additional Language,**

**DAF = Disability Access Fund, EHCp = Education, Health and Care plan**

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|  |  | | | | | | **Days / Sessions attending setting** | | | | | |  |
| Child’s name | | Date of birth | CP / CIN | EAL | DAF | EHCp | | Mon  am/pm | Tue am/pm | Wed am/pm | Thu am/pm | Fri am/pm | Age group room |
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**Section C – Children currently receiving SEN inclusion funding (ALFEY).**

Please give details below of all the children in your setting who are currently receiving support through SEN inclusion funding that is not yet due to cease.

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|  |  | | | | | | **Days / Sessions attending setting** | | | | | |  |
| Child’s name | | Date of birth | CP / CIN | EAL | DAF | EHC | | Mon  am/pm | Tue am/pm | Wed am/pm | Thu am/pm | Fri am/pm | Age group room |
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**Section D - Details about the learning environments for the setting.**

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|  | Please name room and use one column for each room | | |
|  |  |  |
| No. of children in the room |  |  |  |
| No. of children on SEN Support |  |  |  |
| No. of children with EHC plans |  |  |  |
| No. of children in receipt of Disability Access Fund (DAF) |  |  |  |
| No. of children currently in receipt of support through the SEN inclusion fund (ALFEY) |  |  |  |
| No. of staff routinely in this room (do not include staff funded additionally through the use of ALFEY) |  |  |  |

**Section E – Each application should include the following evidence (please tick)**

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| Application for funding – Part 1 (only one per setting) |  |
| Application for funding – Part 2 (one for each child included in application) |  |
| Recent summative assessment for each child |  |
| Recent Individual Learning and Development Plan (ILDP) for each child |  |
| Other reports or relevant supporting evidence |  |

**Section F – Declarations and payment**

* I confirm that I accept the conditions attached to any resource provided.
* I confirm that this application is accurate and any funding granted will be used for the purposes indicated.
* I confirm I understand I must keep receipts and evidence of how the funding was spent.
* I confirm that the parents /carers for each child included in the application have been consulted and given consent to share information about their child.

Signed: ……………………………..…........SENCo Date: …………

Signed: ……………………………..…........Manager/Head teacher Date: …………