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| **Part 2 – Activity Led Funding**  **in the Early Years** |  |

**NB Part 2 will need to be completed for each child**

**Section A – Child’s Details**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name |  | | | | | | | |
| Date of Birth: |  | | | | Chronological Age: | |  | |
| Address & postcode |  | | | | | | | |
| Telephone / mobile |  | | | | | | | |
| Parent/Carer |  | | | | | | | |
| Early Years Setting & address |  | | | | | | | |
| Telephone number |  | | | | | | | |
| Email address |  | | | | | | | |
| State start date at current setting |  | | | | | | | |
| Number of hours attending your setting |  | | | | | | | |
| Does the child attend another setting? |  | | | | | | | |
| Date of ALFEY panel for consideration |  | Applied previously | Yes/No | Level received | | Referred to Educational Psychology | | Yes/No |
| Request made by |  | | | | | | | |

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| 1. **What specifically are the SEND needs of the child?** | | | **For office use only** |
| **Possible area of SEND Need** | **Describe the child’s needs** | | **Low or High level of need (1 being lowest and 5 being highest)** |
| Personal, Social and Mental Health  Communication and Interaction  Physical & Sensory  Cognition and Learning |  | |  |
| 1. **How does this impact on the child’s learning and development and accessing your early years provision?** | | | **For office use only** |
| **Give as much information as possible, clearly covering all relevant areas of learning and development, including how the child responds to each part of the session.** | |  | **Low or High level of need (1 being lowest and 5 being highest)** |

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| 1. **What are you currently doing to support the child (The additional and different provision) and how is it different from other children of their own age?** | | **For office use only** |
| **Describe the additional and different provision at SEN Support, as part of your Graduated Response for SEND** |  | **Low or High level of need (1 being lowest and 5 being highest)** |

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| **Please attach ILDPs and ILDP Reviews, therapy plans, medical letters, small steps assessment** |

**Section C – Each application MUST include the following evidence (please tick)**

|  |  |
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| Application for ALFEY – Part 1 |  |
| Small Steps Assessment |  |
| Application for ALFEY – Part 2 (one for each child included in the application) |  |
| Recent ILDP for each child and the review meeting record |  |
| Other reports or relevant evidence |  |

**Section D – Parental Consent (Privacy notice and Declaration)**

**What information will we be processing and hold?**

We will process and hold personal information provided on this form and any appendices, collected from you about you and your child including names, addresses, contact details, dates of birth and gender status. We may also need to hold some special category data including: Physical and mental health details.

We are the data controller in relation to your data.

**Why do we need this information?**

We will use this Activity Led Funding in the Early Years (ALFEY) application form and any attached appendices, in order to help support the needs of your child in their early years setting, ensuring that we can put in place appropriate support.

**What is our lawful basis?**

Our lawful basis for processing your personal and special category data is that is a task carried out in the public interest outlined in the General Data Protection Regulation as:

Article 6(1)(e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

Article 9(2)(g) processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued.

These laws being:

• Children Act 2004

• Children Act 1989

• Care Act 2015

• Equality Act 2010

• Children and Families Act 2014

• The Special Educational Needs and Disability Regulations 2014

**Do we share your information?**

This data will be shared with members of the ALFEY Panel in line with the ALFEY Panel terms of reference, which can be found on [SEND Inclusion in Early Years - Torbay Council](https://www.torbay.gov.uk/schools-and-learning/send/send-inclusion-in-early-years/). The ALFEY Panel consists of :

* Advisory Teacher for Early Years Inclusion (Chair);
* Senior Early Years Advisory Teacher;
* Finance & Business Officer, Early Years;
* Business Support Officer SEN;
* Early Years Practitioner from a Torbay EY setting (voluntary) x 2

This data may also be shared with any receiving Early Years Setting and/or school that my child will attend in the future, for the purposes of supporting my child’s transition arrangements.

If you **do not** want us to contact or share information with a particular agency/professional, please advise the person referring your child. The only exception to this is if there are concerns about a child’s safety, when we have a duty under the Children Act (2004) to pass on our concerns to the appropriate authority.

We do not trade personal data for any commercial purpose and we will only disclose your personal information if we have a lawful basis to do so.

**How long do we keep your information?**

We are currently retaining records relating to children’s services indefinitely as required by the Independent Inquiry into Child Sexual Abuse (IICSA).

**What are your rights?**

Torbay Council’s Information Rights Policy is available upon request or can be found online at [www.torbay.gov.uk/council/information-and-data/data-protection/your-rights/](http://www.torbay.gov.uk/council/information-and-data/data-protection/your-rights/)

You are able to exercise your information rights at the above link.

Alternatively you can contact the Information Governance Team via email at [infocompliance@torbay.gov.uk](mailto:infocompliance@torbay.gov.uk) or write to:

Information Governance

Torbay Council, Town Hall

Castle Circus

Torquay

TQ1 3DR

**Declaration:**

I have checked that the details I have provided, including contact details, are correct and have read and understand the privacy information above.

|  |  |
| --- | --- |
| **Parent / Carer Signature:** (There **must** be a signature) | |
|  | Date |

Send this form to:

**All applications should be emailed rather than posted until further notice**

ALFEY@torbay.gov.uk

Business Support

Special Educational Needs Services

Children’s Services

2nd Floor (Room SF332) Electric House

Torbay Council

c/o

Torquay Town Hall

Castle Circus

TORQUAY

TQ1 3DR