**Early Years Inclusion Fund**

**Appeals Form**

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| **Name of Child:** |  |
| **DOB:** |  |
| **Setting Name:** |  |
| **Date of application to EYIF:** |  |
|  | |
| As part of the Inclusion Fund appeal the panel **will not** accept the submission of additional documentation, reports or emails. The panel will reconsider original paperwork submitted by the appropriate deadline.  The funding level offered differs from previous funding allocated (please circle) **Yes No**  The funding level offered does not reflect the child’s level of need in line with the pre-school developmental matrix **Yes No**  Please note appeals requests will be received up to four weeks after the notification of funding level | |
| Consent to appeal:  Please provide signed confirmation that the child’s parents have been informed and are consenting to an appeal:  (Parent/carer )Name: Signature: Date:  (SENCO/Practitioner) Name: Signature: Date: | |