Please complete the following information. Once the form is **fully completed**, submit as part of your application to [startwellsend@bolton.gov.uk](mailto:startwellsend@bolton.gov.uk). The form must be completed for every child by the referrer, for each application.

**Child Information**

Child name:

Date of birth:

Gender:

Child’s ethnicity:

Days child attends:

How often does this child attend? (e.g., AM PM, Mon, Tue…etc):

Total hours attended weekly:

Is the child on caseload with Woodbridge SEND Service?

Yes No

**Setting Information**

Setting name:

Setting address:

SENCO name:

Contact email (lead contact about this application):

Contact telephone:

**Checklist**

Is the child eligible for early education funding? (4-year-olds in Reception Class are not eligible to apply).

Yes No **If yes**, which funding is received? e.g., 9mth, 2, 3-year-old funding:

Include with your application all relevant Early Help Assessments (EHA) or Early Help Reviews (EHR) that support this application along with the most up to date review, no older than the last 3 months. I have included these:

Yes No

Have you included the text ‘Inclusion Fund Panel’ within the consent box of the information sharing section of the EHA or EHR for the child?

Yes No

Date of last EHA or EHR:

Is this signed by the setting?:

Is this signed by the parent/carer?:

Is there at least one agency report enclosed? (must include at least one report):

Yes No

I’ve included the latest assessment or developmental information for the child:

Yes No

**Setting Declaration**

I understand that, should the application be successful, the information provided by the setting here will form part of the funding agreement for the Early Years SEN Inclusion Fund.

Signed (on behalf of the setting) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have a signed copy kept in setting - Yes - (please circle if applicable)**

**Parent Declaration**

I am aware of the application for the Early Years SEN Inclusion Fund for my child and the targets that he/she is working towards. I give permission for the provider to share reports and my child’s information with professionals on the Early Years SEN Inclusion Fund panel to support the funding decision. I am aware that the provision for my child and their progress towards targets might be discussed as part of the funding monitoring.

Signed (parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have a signed copy kept in setting - Yes - (please circle if applicable)**

In order for Bolton Start Well to accept this application, please ensure that the declarations above have been read, understood, and signed by the setting representative, parents/carers or confirm that there is a signed copy kept in setting.

**Application submission**

Applications should be sent by email to: [startwellsend@bolton.gov.uk](mailto:startwellsend@bolton.gov.uk)

For any questions or queries, please call 01204 338149.