**Early Years Special Educational Needs Panel**

**Application Form**

Please complete this form alongside the child’s SEND Support Plan or Education, Health and Care Plan and Individual Provision Plan to apply for additional funding to support an individual child when an early years placement has been allocated.

Return by email to: [**earlyyears.senpanel@bristol.gov.uk**](mailto:earlyyears.senpanel@bristol.gov.uk) **Please note that the panel outcome letter will be sent to the early years setting email address you specify below**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** |  | **M** | **F** | **Date of Birth** | **Start date at setting:** | | |
| **Primary Need** |  | | | **Secondary Need** |  | | |
| **Address and**  **Contact no.** |  | | | **Name of**  **Parent/Carers** |  | | |
| **Early Years Setting** |  | | | **Report by:** |  | | |
| **Early Years Setting email address** |  | | | | | | |
| **Details of Early Years Environment** |  | | | | | | |
| **Details of sessions attended** |  | | | | | **AYR** | **TTO** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Requested Funding Provision** | | | |
| **Proposed Banding:** |  | **Start Date:** |  |

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| **Provide evaluation of impact of interventions so far and expected outcomes of any future provisions** |
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