**Request for Leicestershire HAF Inclusion Funding**

Most children with special educational needs are successfully included in HAF provision with reasonable adjustments. For children with significant and complex needs, inclusion funding can be applied for to enhance the provision to support the inclusion of these children.

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| **Basic Information** | | | |
| Name of Child: |  | Date of Birth: |  |
| Address and postcode: |  | | |
| Name of Provider |  | | |
| Delivery venue |  | | |
| Delivery dates |  | | |
| Sessions booked for this child to attend |  | | |
| HAF eligibility code |  | | |

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| **Does the child have…?** | |
| An Education Health and Care Plan | Yes/No |
| A Personal Education Plan (for looked after child) | Yes/No |
| DLA (Disability Living Allowance) | Yes/No |
| DAF (Disability Access Fund) date paid: | Yes/No |
| Direct Payments |  |
| Short break support eg Direct Payment card or commissioned play/leisure activity | Yes/No |
| Any additional support/input (please specify) | Yes/No |

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| **Please give a brief summary of any additional support or resources the child receives at school and any professionals involved with the child** |
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| **For completion by parent/carer** - **I agree to the provider applying for HAF Inclusion Funding** |
| **Parent name**  **Parent signature:**  **Date:** |

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| **Please briefly describe the child’s needs** |
| **Communication and Interaction** |
| **Social, Emotional and Mental Health** |
| **Sensory, Physical and/or Medical Needs** |
| **Cognition and Learning** |

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| **How will you use the inclusion funding to support the child’s needs (including cost breakdown)?** |
| What additional provision/adjustments will the funding enable you to put in place? Are there any additional resources you will use with the child? What do you do for the child that is additional to and different from what you do for the other children attending your provision? |

**I understand that:**

* **this funding can only be used to Support the successful inclusion of this child in your HAF provision**
* **monies may be monitored to ensure that they are being used appropriately**

**Provider name:**

**Provider signature:**

**Date:**

**Please scan and return the completed form by secure email (eg egress) to** [**haf@leics.gov.uk**](mailto:haf@leics.gov.uk)