**EHC Planning SEND Support – Short Term Contingency Funding Request Form**

Short term contingency funding is available for SEN support interventions which cost over and above the £6000 which is provided from the school’s block notional SEN Budget and is to enable the achievement of specified outcomes through the provision of an enhanced school Local Offer for a time-limited period.

This form is to be completed by schools/educational settings for children and young people without an EHC Plan for whom the provider is requesting High Needs Block top up interim or contingency funding.

Any funding will be agreed on a termly basis, continued funding will be subject to head teacher moderation. The maximum period for a contingency funding allocation is a year.

**Process**

When a school or educational settings submits a request for contingency funding the decision about whether to agree the request is based on provision of information that clearly indicates the school/ educational settings has used the £6000 notional SEN budget to provide SEN support and that through exceptional circumstances and/or a lack of progress the school is seeking to provide an enhanced Local Offer of provision for a time-limited period.

The school’s/ educational settings information will demonstrate an ‘Assess, Plan, Do, Review’ approach to SEN support, with a clear focus on the achievement of outcomes for the child. There will be evidence of parent/carer involvement in decision-making.

Requests submitted to the EHC Planning Service (**send@lbhf.gov.uk**) by secure email will be considered at the EHC Panel held weekly. Membership of the Panel includes school representative(s). On the basis of the evidence and panel advice, the responsible Local Authority officer will either agree or reject the request. Contingency funding is time limited and will be allocated for between one-three terms.

**Moderation**

All decisions regarding the distribution of High Needs Block contingency funding will be moderated by High Needs Block Reference Groups to ensure oversight of the distribution of this High Needs Block resource by head teachers.

This form should be returned via secure email to:

EHC Planning Service: send@lbhf.gov.uk

Or via post to:

EHC Planning Service

3rd Floor

London Borough of Hammersmith and Fulham

145 King Street

London W6 9XY

**Section1 Provider details**

|  |  |
| --- | --- |
| Name of school |   |
| Address and Postcode |   |
| Outcome of most recent Education inspection |  | Date of most recent Education inspection |  |
|   |   |   |   |
| Name of person making this application |  |
| Position |  |
| Telephone number |  |
| Email address |  |
| Signed |   |
| Date of application |   |

**Section 2 Child/young person details**

|  |  |
| --- | --- |
| Child/Young Person:  |  |
| Date of birth: |  |
| Address and postcode |  |
| Date of admission: |  |
|  |
| Gender |  | ☐ |  |  |
| Ethnicity code (use appropriate code from the list at the end of this form)  |  |
| Educational achievement/NC attainment to date (prior attainment level)**N/A** |  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |
| Comments/ Additional information relating to educational achievement |  |

|  |  |  |
| --- | --- | --- |
| Nature of learning needs:e.g.: **\*physical, medical**\* social, emotional, mental health |  |              |
|  |  ☐ |

**Section 3. Details of provision currently in place**

|  |
| --- |
| **(X) current school SEND Provision Map** (an example)SEN SUPPORT for .....................(child’s name)Highlighting additional and different enhanced Local Offer  |
| Intervention or provision | Area of need | Frequency & duration | Anticipated progress range | Staff | Staff/pupil ration | Cost of pupil’s SEN support  |
| *Learning mentor support for self-regulation*  | Social, emotional, mental health | Daily. 1 hr. At beginning of day | L 2a + minimum  | TA | 1:1 | £45 per week  |
|  |  |  |  |  |  |  |
| Total annual cost of SEN support: | £ |

**Section 4 Provision Request**

|  |  |
| --- | --- |
| In light of section 3 what contingency provision is requested by the school/setting? | what is the expected impact of the provision? |
|  |  |
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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **5.3 Equipment (if appropriate) accompanying evidence needed** |
| Please outline the student's equipment needs, detailing for which items funding is sought, and explain what alternative options have been explored. |   |
| **Total education costs** |  **£**  |

**Section 6 Reports/ assessments that have informed this request for funding**

(Please attach copies of any school/health/social care assessments you have used with this application)

|  |  |
| --- | --- |
| **Report** |  **Date**  |
|  |  |
|  |  |
|  |  |
|   |   |
|   |   |

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| --- | --- | --- | --- |
| 11 | Asian or Asian British - Bangladeshi | 20 | Mixed - White and Black African |
| 12 | Asian or Asian British - Indian | 21 | Mixed - White and Black Caribbean |
| 13 | Asian or Asian British - Pakistani | 22 | Mixed - any other mixed Background |
| 14 | Asian or Asian British - any other Asian Background | 23 | White – British |
| 15 | Black or Black British - African | 24 | White – Irish |
| 16 | Black or Black British - Caribbean | 25 | White - any other White Background |
| 17 | Black or Black British - any other Black background | 98 | Any Other |
| 18 | Chinese | 99 | Not known/ not provided |
| 19 | Mixed - White and Asian |   |   |

**School request for interim funding........................ Agreed Y/N Rejected Y/N**

**If agreed – period of time: 1 term/2 terms/3 terms value of funding: £.......**

**Date:.................................... Signed:..........................................,,**