Please indicate

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| --- | --- | --- |
| ECHP |  |  |
| No EHCP |  |  |
| Nursery application for High Needs/SEN inclusion funding medcouncil_col_strap  |

|  |  |
| --- | --- |
| Child name: |  |
| DoB |  |
| Nursery |  | Date started: |
| Responsible LA |  |
| Date discussed at SENCo Surgery:  |  |
| I confirm that the High Needs/SEN inclusion funding for top up funding has been discussed with parents/carer/young personName…………………………………………………. Signature…………………………………………. Date……………………………Position in nursery ………………………………………………………………………………….. |

1. Pupil pen portrait (please provide a brief description of the child’s needs/difficulties)

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1. Rationale for funding

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* **The latest version of the Medway pre-school provision map must be attached. If the pupil has an EHCP, please attach a copy.**

**Please send your application to** **eyhighneeds@medway.gov.uk** **headed up “Pre School Application for SEN funding”**

**If posting: 2 x copies of all paperwork are required.**