**Local High Needs Funding (LHNF)**

**Application Form**

Please read the guidance notes carefully before completing this form. If you require any advice, please contact your DSPL Manager.

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| **SECTION 1**  | **CHILD/YOUNG PERSON’S DETAILS** |
| **Name** |  |
| **DOB** |  |
| **Age (in years and months)** |  |
| **Year Group** |  |
| **Gender** |  |
| **Home address** |  |
| **Postcode** |  |
| **District/ Borough Council area** |  |
| **Ethnic origin** |  |
| **First language** |  |
| **SECTION 2** | **SCHOOL/SETTING DETAILS** |
| **Name of school/setting** |  |
| **School No. or PVI NEG No.** |  |
| **Address of school/setting**  |  |
| **Contact no. of school/setting** |  |
| **PVI/ Maintained Nursery application – no. of hours attending (see guidance notes)** |  |
| **Date child started or is expected to start** |  |
| **UPN (if applicable)** |  |
| **SECTION 3** |  | **DETAILS OF EXTERNAL PROFESSIONAL INVOLVEMENT** |
| **Professional Name/role** | **Date of advice** | **Brief details of work/ ongoing support** |
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| **SECTION 4** | **PROFILE OF THE CHILD/YP’S SEND** |
| **Main presenting need/s**  |  |

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| **SECTION 5** | **DESCRIPTION OF THE LEARNING CONTEXT** |
| **This should detail why the child is eligible for LHNF funding*** **new to the education system**
* **life changing event**
* **new to the Hertfordshire**
* **needs which are at targeted+ or above**
* **needs short term funding to access school**

**(See guidance on specific purposes of LHNF)****Please indicate whether there has been an application for an EHCNA. If so, please indicate the date of the application.****Please also indicate whether this is a resubmission, whether there has been previous funding from LHNF or another source and, if so, what was the impact.****(Please see guidance regarding resubmissions)**  |  |
| **SECTION 6** |  |
| **Details of current attainment, progress and targets.**  |  |
| **SECTION 7****(Complete all relevant areas)** | **WHAT ARE THE CHALLENGES FOR THE CYP** | **SUPPORT IN PLACE** | **NEXT STEPS** | **LEVEL DESCRIPTOR** |
| **PHYSICAL AND NEUROLIGAL IMPAIRMENT (PNI)** |  |  |  |  |
| **HEARING IMPAIRMENT (HI)** |  |  |  |  |
| **MULTI-SENSORY IMPAIRMENT (MSI)** |  |  |  |  |
| **VISUAL IMPAIRMENT(VI)** |  |  |  |  |
| **COGNITION AND LEARNING** |  |  |  |  |
| **COMMUNICATION AND AUTISM** |  |  |  |  |
| **SEMH** |  |  |  |  |
| **SPEECH AND LANGUAGE** |  |  |  |  |
| **SECTION 8** | **LEVEL OF NEED** |
| **Please state the level of funding required and for how long. (This would normally be the highest of the levels you have set out in section 7 and for one, two or three terms)** |  |
| **SECTION 9** | **DESIRED OUTCOMES OF ADDITIONAL SUPPORT** |
| **What will be the impact of the support you are requesting? (Please use a bullet point format. This does not need to duplicate any information already in section 7)** |  |

**Name of Person completing the form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Role of person completing this form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name(s) of parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of completion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parents must be involved and agree with the contents of this form)**

**Please email this form to your DSPL Manager**