**In Year Fair Access Panel Funding Application Form**

Forms must be completed in **full** to be submitted to the panel. Support requests with inadequate information will be returned for amendment.

Before completing this form, please contact the area Exclusion and Reintegration Officer for a discussion.

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Referral Information

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| Name of School |  | Area in Oxfordshire (North / South / West / Central) |  |
| Name of Pupil |  | Date of referral |  |
| DOB |  | Date discussed with parent/child |  |
| Year group |  | Parent/child voice |  |

Pupil profile

|  |  |  |  |
| --- | --- | --- | --- |
| SEN status | N K E | Children’s Social Care involvement | LCSS EHA CIN CP CWCF |
| Pupil Premium | Y / N | Ethnicity |  |

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| --- | --- |
| **Other agency involvement CAMHS, YJES etc** |  |

**Funding request details**

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| **Total funding request:**  **£ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or IYFAP KS4 days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **What is this request for? Please specify funding / IYFAP days or both** |
| **How will this intervention improve outcomes for the child/YP and increase access to learning?** |
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| Evidence of support provided to the child/YP this academic year including external providers  Guidelines – TA £10, HLTA £15, Teacher £30 |

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| **Intervention**  **(in addition to universal provision)** | **Dates** | **Cost** | **Impact** |
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| Total spend on inclusion support this academic year |  | Spend during previous academic year (if relevant) |  |

Please refer to the [Checklist for reducing suspensions and exclusions](http://schools.oxfordshire.gov.uk/cms/sites/schools/files/folders/folders/documents/learnerengagement/checklist_supporting_schools%20_reduce_suspension_exclusion.docxwhen%20) when completing this document.