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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COVID-19**  **Request for temporary additional funding to support re-integration and re-engagement in Education** | | | | | | | | | | | | |
| **Child/Young Person’s Name** | | | | **D.O.B** | | | | **Year Group** | | | | |
|  | | | |  | | | |  | | | | |
| **Name of School or College** | | | |  | | | | | | | | |
| **CLA** | | **YES** | **NO** | **CIN** | **YES** | | **NO** | **EHCP** | | | **YES** | **NO** |
| **Reasons for temporary funding request** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Proposed SEN Provision and Action Plan**  *Please provide details of what additional temporary funding will be used for, including anticipated costs; details of timelines and when provision will be reviewed.* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Exit Plan**  *As any agreed funding will be provided on a temporary basis please provide details of your anticipated EXIT plan for any funding* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Name** | | | | **Designation** | | | | **Date** | | | | |
|  | | | |  | | | |  | | | | |
| **Signature** | | | |  | | | | | | | | |
| **Email** |  | | | | | **Telephone Number** | | | |  | | |
| **SEND TEAM USE ONLY** | | | | | | | | | | | | |
| **Additional funding agreed**  *Include details of costs approved* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Approved by:** | | | | | | | | | | | | |
| **Name** | | | | **Designation** | | | | **Date** | | | | |
|  | | | |  | | | |  | | | | |
| **Signature** | | | |  | | | | | | | | |
| **Email** |  | | | | | **Telephone Number** | | |  | | | |
| **Comments** | | | | | | | | | | | | |
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| **Please return this form to:**  **By Post:**  SEND Assessment & Review Team, Hull City Council, Brunswick House, Strand Close, Beverly Hull, HU2 9DB  **By Email:**  In Microsoft Word format to: [SEND@hullcc.gov.uk](mailto:SEND@hullcc.gov.uk)  Please password protect the document using password: send |

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| --- | --- |
| **Allocated SEND Caseworker decision should be returned to.** |  |
| **Date sent for decision** |  |