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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.ukPlease password protect the document using password: send |

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