Repeat Early Grant Application

***This form is to be completed for a repeat application for a child for whom funding has already been agreed***

Full name of Child for whom funding is requested: ………………………………………………

Number of hours child attends setting each week: ………………………………………………

Name of setting: ………………………………………………

Name of setting SENCO: ………………………………………………

Contact details for setting: Telephone number: ………………………………………………

 E-mail address: ………………………………………………

Previous funding date?………………………… Previous funding ……………………………….

How much funding is requested? ………………………………………………

What period will this funding cover? ………………………………………………

Please provide an update on the child’s progress and needs (please include any updated information from other professionals supporting the child):

Targets identified: outcome of intervention:

a.

b.

c.

if an increase in funding is requested please explain why