**Request for an increase in PPL Funding or EHC Plan Banding**

*This form should be completed if it is felt that additional funding is required.*

**PLEASE attach any supporting documentation as an appendices or embed into the funding request form.**

**DO NOT include links to documents saved in a shared drive.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PUPIL SURNAME:** | | | |  | | | | | | | | | **FORENAME(s):** | | | | | | | | |  | | | | | | | | | | | | |
| **D.O.B:** |  | | **UPN:** | |  | | | | | | | | **Current year group:** | | | | | | |  | | | | | | **Gender** | | | | M | | | F | |
| **CLA** | |  | | | | | | **CIN** | | | | |  | | | | | | | | **CP** | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Educational Setting** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Request** | | | | | | New Plan | | | | |  | | | Annual Review | | | | | | | |  | | | | Other (Please specify) | | | | |  | | | |
| **Current PPL Funding Level**  *(Please highlight as appropriate)* | | | | | | 1 | | | 2 | | | 3 | | 4 | | | | 5 | | | | 6 | | 7 | | | | 8 | | | 9 | | | 10 |
| QFT & SEN Support | | | | | | | |
| **Current EHC Plan Banding Level**  *(Special Schools only)* | | | | | | High | | | | |  | | Severe | | | | | |  | | | Intensive | | | |  | | | Intensive Plus | | | |  | |
| **Reason for Funding Request** | | | | | | Increase in funding level | | | | |  | | | | | New in City | | | | | |  | | | | | Transition or interim funding | | | | |  | | |
| **Requested new PPL Funding** | | | | | | 1 | | | 2 | | | 3 | | 4 | | | | 5 | | | | 6 | | 7 | | | | 8 | | | 9 | | | 10 |
| **Requested new EHC Banding level.**  *(Special Schools only)* | | | | | | High | | | |  | | | Severe | | | |  | | | | | Intensive | | |  | | | | | Intensive plus | | |  | |
| **Funding details** | | | | | | | **Date requested:** | | | | | | | | | | | | | | | | **Amount requested:** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **NOTE – a request for Funding request is beyond £25,000, please send to RSEP panel.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date requested** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Would the placement be at risk without the funding?** | | | | | | YES | | | | |  | | | | | | | | NO | | | | |  | | | | | | | | | | |
| **Please provide details of how the additional funding will be used to support CYP to engage in their learning.**  **Please link to the provision in Section F (If appropriate).**  **For post-16 learners: if this increase is to facilitate over 16 hours of provision per week, please provide the rationale for these additional hours.** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any documents provided as evidence to support this request | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REQUEST FORM COMPLETED BY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | | **SIGNATURE** | | | | | | | | | | **DESIGNATION** | | | | | | | | | | | | **DATE** | | | | | | | |
|  | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |
| **Email** | | | | |  | | | | | | | | | | **Contact number** | | | | | | | | | | | |  | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AUTHORISATION** | | | | | | |
| **Name** | **NAME** | | **SIGNATURE** | | | **DATE** |
| **REQUESTED BY SEND Caseworker** |  | |  | | |  |
| **Comments:** | | | | | | |
| **SUPPORTED BY SEND OFFICER** |  | |  | | |  |
| **Comments:** | | | | | | |
| **Approved by SEND Team Manager** |  | |  | | |  |
| **Comments:** | | | | | | |
| **Approved by Head of SEND** | |  | |  |  | |
| **Comments:** | | | | | | |
| **Funding details** | | **Date effective from:** | | **Funding amount:** | **Funding amount minus element 2 and 3 agreed** | |
| **Funding ongoing** | | **Minus element 2:** |
| **Funding for fixed period- End date:** | | **Minus element 3:** |  | |
| **Funding requests above £25,000 MUST proceed to RESP Panel** | | | | | | |
|  | | | | | | |
| **REQUEST FOR SPECIALIST PROVISION PANEL (RSEP)** | | | | | | |
| **FUNDING APPROVED** | | | | **FUNDING NOT APPROVED** | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Funding details** | **Date effective from:** | **Funding amount:** | **Funding amount minus element 2 and 3 agreed** | | **Funding ongoing** | **Minus element 2:** | | **Funding for fixed period- End date:** | **Minus element 3:** |  | | | | | | | |
| **Actions required:** | | | | | | |