**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:** |  |

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| **Actions required:** |