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| **Exceptional Needs Cluster Top Up Funding Application (please use additional sheets as necessary)** | | | | | |
| Cluster Name:  Cluster Group Number: | | | |  | |
| 16/17 Cluster SEND Funding: | | | |  | |
| Current Cluster SEND Balance: | | | |  | |
| Total Exceptional Needs Cluster Amount requested: | | | |  | |
| Children and/or Young Person’s Needs, SEN Support and Cost Profile  (schools to complete a separate profile for each CYP for whom the Cluster is making application) | | | | | |
| Name: | |  | | | |
| SEND: | |  | | | |
| School SEND Budget 16/17: | |  | | | |
| Breakdown of School SEND Budget spend to date: | |  | | | |
| Cluster Funding received to date: | | |  | | |
| Amount of Additional Top Up Funding requested? | | |  | | |
| Current (or intended) SEN Support Plan to Meet Needs? | | |  | | |
| Cost Breakdown of Plan to Meet Needs: | | | School funding will provide:  Cluster Funding will provide:  Exceptional Needs Funding Requested to provide: | | |
| Current (or intended) Impact of SEN Support? | | |  | | |
| Supporting Evidence Provided (please attach): | | | E.g. Provision maps, SEN Information Report (link), class size, number of support staff, existing resources, accessed specialist support (e.g. S2S, SRB Outreach, Short Stay School, Educational Psychology Services, training) | | |