**Exceptional Special Needs**

**Application 2022/2023**

*Please complete this form and return to Schools Principal Officer*

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| **School** |  | | |
| **Head Teacher Name** |  | **Head Teacher Name** |  |
| **Business Manager Name** |  | **Business Manager Name** |  |

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| --- | --- | --- | --- |
| **Name of Pupil** |  | **Date of Birth & Yr Group** |  |
| **Current Band/ Current Top Up Value** |  | **Primary Need** |  |
| **Admission Date** |  | **Has ESN been received previously? If so please provide details.** |  |
| **Date Funding Requested from** |  | **Date Funding Requested to** |  |
| **Amount Requested in addition to top up** |  | **Tribunal case?** |  |
| **Reasons this cannot be funded via existing resources or any carry forward balance?** |  | | |

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| Please state below what the ESN is to be used for | |
| Staffing (please state whether agency or permanent) |  |
| One off Costs (e.g. adaptations, equipment) |  |
| Other (please provide details) |  |
| If already providing additional support, please state amount Spent (in last academic year) |  |

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| **Supporting Evidence for Continuation** |
| **Outline reason for request** |
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| **Please indicate with a** ✓ **which naturally occurring supporting evidence you are attaching:** |
| * Details of previous interventions { } * Details of current provision { } * Behaviour / incident log; other recorded evidence { } * Evidence of interventions within existing banding { } * Attendance record * Other (please specify): |

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| --- | --- |
| **What are your expected costs?** |  |
| **What is the desired outcome/anticipated impact?** To continue to support Katie whilst waiting for specialist provision for this academic year. | |
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**Signed: Date:**

**(Head Teacher)**

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| **SENAR Decision:**  Application Approved / Rejected (delete as appropriate)  Pupil’s Impulse ID:………………………………………………………………………  Amount Agreed: ………………………………………………………………………...  Length funding agreed for: …………………………………………………………….  Notes for finance: ……………………………………………………………………….  **Confirmed by SENAR HoS / Commissioning Team Manager**  Signed: ……………………………………….. Date: ……………………………………….. |