**Early Years Transition Grant Application**

**(For enhanced staffing in Private, Voluntary and Independent Early Years Settings).**

**Please note – if the child is not already in receipt of Early Years inclusion funding page 2 of this document will also need completing.**

**Child’s name: Child’s Date of Birth: Setting Name: Transitioning to:**

|  |  |
| --- | --- |
| **Transition Action Plan** | **Date to be completed** |
|  |  |
|  |  |
|  |  |
|  |  |

**Name of staff member from SFSS:**

**Parent comment and signature:**

**Date: (Please return to** [**earlychildhoodservices@nottscc.gov.uk**](mailto:earlychildhoodservices@nottscc.gov.uk)**)**

**The following only needs completing if the child is not already in receipt of early years inclusion funding.**

**Please describe how the child likes to be supported, their next steps in learning and how this might impact on any transition.**

**How I like to be supported:**

**Child’s next steps in learning:**

***Please do not exceed this one page when describing the child.***