|  |  |  |  |  |
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| **Pupil name:** |  | **DOB:** |  | **Supported place** |
| **Current school:** |  | **Year group:** |  | **Admissions Managed Move** |

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| **Provision mapping for Supported place pupils**  |
| Please evidence actions already taken to overcome these difficulties including the provision made from normally available resources.  |

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| **Request for IYFA funding**  |
| **Intervention or support needed** | **Organisation or establishment** | **Frequency/duration** | **Anticipated outcomes** | **Costs** |
|  |  |  |  |  |

\*If any sessions are missed by the pupil, please inform a member of the IYFA team as soon as possible, as all sessions must be paid for

|  |  |
| --- | --- |
| **Completed by …………………………………….** **Date ……………………………………………………** | **Authorised by …………………………………****Date ……………………………………………..** |