# Sometimes, a setting may feel they need more general advice to support them with their Ordinarily Available Provision (OAP), in these instances the setting may require support from the Early Years Improvement Advisors. This can be done through your EYIO or by making a request with the form below.

# Request for Setting Support from the

# Early Years Advisors 2024-2025

**This referral allows an Early Years Improvement Advisor to support a setting with general Early Years practice that underpins quality inclusion. Please use the ‘CHILD Referral for Inclusion Support’ for individual referrals for children (this requires parental consent).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Setting name:*** |  | | ***Contact name:*** |  |
| ***Address:*** |  | | ***Contact number:*** |  |
| ***Contact email address:*** |  | | | |
| ***Please state which one area you are requesting advice and support in relation to:*** | | | | |
| SEMH – Social, Emotional and Mental Health CL – Cognition and Learning  SP – Sensory/Physical  CI – Communication and Interaction | | Code: | | |
| ***Please give more details below, including action already taken:*** | | | | |
|  | | | | |
| ***Please specify the advice/support that you are requesting:*** | | | | |
|  | | | | |

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| --- | --- | --- | --- |
| Request form completed by: |  | Position: |  |
| Signed: |  | Date: |  |
| Email address for receipt: |  | Date received: | *To be completed by business support* |