 **Application for the Funded Early Learning (FEL) Register of Providers  
  
Children and Families**

We will not accept FEL applications from providers who are rated as Inadequate by Ofsted unless it is a notice of closure.

**PART 1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Prior to completing the application please ensure you read the following documents: ‘Code of Practice for Providers of Funded Early Learning 2017-18’ ‘Funded Early Learning - Provider Funding Agreement (FEL Funding Agreement) 2017-2018’ These documents set out the requirements for providers who wish to offer FEL places to 2-3-4 year olds.  **I confirm that I have read these documents (please tick)** | | | | | | | | | | | | | | | | |
| **1. Your Contact Details** | | | | | | | | | | | | | | | | |
| Name | | | | Telephone | | | | | | | | | | | | |
| E-mail  (it is standard practice to respond electronically) | | | |  | | | | | | | | | | | | |
| Address for correspondence including post code | | | |  | | | | | | | | | | | | |
| **2. Provider details** | | | | | | | | | | | | | | | | |
| Name  (as registered with Ofsted) | | | |  | | | | | | | | | | | | |
| Trading Name (if different e.g. Little Hands Childcare) | | | |  | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | |
| Telephone Number | | | | Email | | | | | | | | | | | | |
| Ofsted or Equivalent Registration date | | | |  | | | | | | | | | | | | |
| Ofsted URN or Equivalent | | | |  | | | | | | | | | | | | |
| Date of last Ofsted inspection or Equivalent | | | |  | | | | | | | | | | | | |
| Current Ofsted or Equivalent rating | | | |  | | | | | | | | | | | | |
| **3. CHILDMINDERS ONLY** | | | | **Please tick** | | | | | | YES | | | | NO | | |
| Are you registered with a Childminding Agency | | | |  | | | | | |  | | | |  | | |
| If yes please provide the name of the Agency and their Ofsted URN: | | | |  | | | | | | | | | | | | |
| **4. Which of these is your proposal?** | | | | | | | | | | | | | | | | |
| New childcare provision | | | | | | | | | | | | | | |  | |
| Change to existing provision | | | | | | | | | | | | | | |  | |
| Closure of provision. | | | | | | | | | | | | | | |  | |
| **5. Date for implementing proposal or if a new provider the date you  expect to start taking FEL children.** | | | | | | |  | | | | | | | | | |
| **6. Which type of provider are you?** | | | | | | | | | | | | | | | | |
| School Nursery Class | | | | | |  | | | | | | | | | | |
| Private Voluntary or Independent nursery | | | | | |  | | | | | | | | | | |
| Nursery school | | | | | |  | | | | | | | | | | |
| Childminder | | | | | |  | | | | | | | | | | |
| Other (Please state) | | | | | |  | | | | | | | | | | |
| **7. How many places you will offer for each  age group?** | | | | **Existing** | | | | | **New** | | | | | | | |
| Under 2 years olds | | | |  | | | | |  | | | | | | | |
| 2 years old | | | |  | | | | |  | | | | | | | |
| 3 – 4 year olds | | | |  | | | | |  | | | | | | | |
| 5 – 7 year olds | | | |  | | | | |  | | | | | | | |
| Over 8 years old | | | |  | | | | |  | | | | | | | |
| **8. Do you intend to offer Funded Early Learning places?** | | | | **If Yes how many?** | | | | | |  | | | | | | |
| 2 year olds | | Yes | |  | | | | | | | No | | | |  | |
| 3-4 year olds | | Yes | |  | | | | | | | No | | | |  | |
| **9. Funded Early Learning sessions offered (Please tick)** | | | | | | | | | | | | | | | | |
| 3x5hrs |  | Parental choice | | | | | | | | | | | | |  | |
| 5x3hrs |  | Don’t know | | | | | | | | | | | | |  | |
| 2.5 days |  | Stretched Offer | | | | | | | | | | | | |  | |
| **10. Fees - What are your hourly charges?** | | | | | | | | | | | | | | | | |
| Children under 2 years | | £ | | | | | | | | | | | | | | |
| 2 year olds | | £ | | | | | | | | | | | | | | |
| 3 & 4 year olds | | £ | | | | | | | | | | | | | | |
| **11. Safeguarding and Paediatric Training** | | | | | | | **Date completed** | | | | | | | | **Please tick** | |
| I confirm that my/our Safeguarding and Paediatric training **ARE up to date**. | | | | | | |  | | | | | | | |  | |
| I confirm that my/our Safeguarding and Paediatric training **ARE NOT up to date**. | | | | | | |  | | | | | | | |  | |
| **12. SCHOOLS ONLY** | | | | | | | | | | | | **Please tick** | | | | |
| I confirm that we have completed any necessary changes to our Edubase and Ofsted registration | | | | | | | | | | | |  | | | | |
| **13. The information in this section is true to the best of my knowledge.** | | | | | | | | | | | | | | | | |
| **Signed:** | | | | | | | | | | | | | | | | |
| **Name (print):** | | | | | | | | | | | | | | | | |
| **For and on behalf of:** | | | | | | | | | | | | | | | | |
| **Date:** | | | | | | | | | | | | | | | | |

The information submitted on this form will be used to help support the local authority’s duties under the Childcare Act 2006. The local authority works in partnership with organisations to support childcare providers, so information may be shared if appropriate.

All information will be used in accordance with the Data Protection Act 1998.

**PART 2** **To be completed ONLY if you are registering to provide FEL**

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| --- | --- | --- | --- | --- | --- | --- |
| **Estimated termly closing hours to be delivered-** *this is the estimated number of FEL hours you expect to deliver in total for all your children.* | | | | | | |
|  | Summer Term | | Autumn Term | | Spring term | |
| 2 Years Old |  | |  | |  | |
| 3&4 Years Old |  | |  | |  | |
| **Business Continuity** | | | | | | |
| Do you have business continuity in place if the payments are delayed for up to 10 working days (Delete as appropriate) | | | | | Yes No | |
| **Banking** | | | | | | |
| *If the application is accepted for Funded Early Learning, a secure email will be sent out requesting your banking information to be set up for payment. If you do not respond this may cause delays in payments. If you do not receive the email within 7 days of receiving confirmation that your application has been successful, please inform the EY Funding Team.* | | | | | | |
| **Debts** | | | | | | |
| Do you owe any monies to Sheffield City Council? (Delete as appropriate) | | | | | Yes No | |
| How much is owed and for which service? | | | | | | |
| **For Childminders Registered with a Childminding Agency. Please tick who FEL payments should be made to:** | | | | | | |
| Direct to Self | |  | | Childminding Agency | |  |
| Contact details of Childminding Agency | | | | | | |
| **Now please complete Part 3 Sheffield Portal Provider and Personal Authorization and Declaration** | | | | | | |

**N.B.**  As a new provider of FEL there can sometimes be delays in your first payment particularly if you miss any of the deadlines for submitting information as outlined in Section 8 of the Code of Practice. You should familiarize yourself with Section 8 and ensure you have sufficient funds to manage any delays. **PART 3**  **Sheffield Provider Portal**

**Personal Access Declaration & Provider Authorization and Declaration**

|  |  |
| --- | --- |
| **Sheffield Provider Portal** | |
| The Sheffield Provider Portal is a web based portal to enable providers delivering Funded Early Learning places for 2, 3 and 4 year olds in Sheffield to submit the required headcount returns each term to the council securely online.  By completing part 3 of this form you are requesting and authorising access to the Sheffield Provider Portal for the individual detailed in the section ‘Person Requiring Access’. This form is to be completed by those persons authorised to provide and authenticate information on behalf of the organisation / childcare business as well as by the individual for whom access is being requested.  If more than one person requires access to the portal in your setting or a person is responsible for completing headcount returns for a number of settings please photo copy the Provider and Personal declaration section and return a separate form for each ‘Person Requiring Access’ and/or each childcare provision. | |
| **Details of Person Requiring Access** | |
| Name of Person |  |
| Date of Birth (this will be used as a security question) |  |
| Confirm email address  (This email address that will be used for the purpose of the Sheffield Provider Portal. Please note that email address with shared/group access are not allowable). |  |
| **Person Requiring Access Declaration**  I declare that the information that I have provided is accurate and that I am aware of the requirement to notify the Sheffield Local Authority immediately of any changes which may affect the appropriateness of my access to the Sheffield Provider Portal.  I will hold the information in the strictest confidence and will not to disclose any information I have been given access to or been provided with (this includes verbal information) to any third party, this also includes passwords/login.  I understand that by allowing the release of the information to third parties not connected to my work will result in a breach of the Data Protection Act, under Section 55, whereby I will be personally liable for any claims and/or criminal investigations as a result of that breach. | |
| Signed | Print Name |
| Dated | Position |
| **Provider Authorisation and Declaration**  I declare that I am legally authorised to provide and authenticate information on behalf of the organisation and the information that I have provided is accurate.  I declare the information that is provided in this form is accurate as of the date below to the best of my knowledge  I am aware that by signing this declaration I am requesting access to the Sheffield Provider Portal for the person named in section above ‘Person Requiring Access’ for the named childcare provision  I declare that the organisation will notify the Sheffield Local Authority immediately of any changes including any changes that affect the appropriateness of the person for whom access to the Portal is being requested (e.g. change in responsibilities, person with access has left the organisation etc.).  This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. | |
| Signed | Print Name |
| Date | Position |

Please return all sections to: [childcareplanning@sheffield.gov.uk](mailto:childcareplanning@sheffield.gov.uk)

|  |  |
| --- | --- |
| **Office Use:** Date received: | Date responded to: |