

Ealing Early Years Disability Access Fund Form

Providers who offer **3 & 4** year old children free early years education can apply to claim Disability Access Funding (DAF) to support disabled children to access the free entitlement.

A lump sum payment of £615 per year is available to providers who have eligible children in receipt of child Disability Living Allowance who are claiming free early years education.

By completing this form you agree to DAF funding being paid to one childcare provider as a one-off payment. If you move your child to another childcare provider during the year then the DAF funding is not transferable.

Please return this completed form to your childcare provider along with a copy of your child's Disability Living Allowance confirmation letter. The childcare provider will then send the form and proof of eligibility to Ealing Council.

ABOUT YOUR CHILD

Child's first Name:

Child's Surname:

Child's Date of Birth:

Child's Address
Including Postcode:

Name and Address of
Childcare Provider you
Wish to receive DAF
Funding:

Child's Start Date:

PARENTAL CONSENT AND DECLARATION (please read before signing)

I declare that:

- I am the parent/legal guardian of the child named on this form
- The above detailed information relating to my child is complete and accurate and **I will notify the childcare provider of any changes**
- I have provided evidence that my child is in receipt of child disability living allowance.
- I confirm that my child is in attendance and claiming their free early education at the childcare provider named above.
- I consent to the information I have provided being passed to Ealing Council to enable entitlement to the Disability Access Fund to be verified.
- I understand that if I move my child to another childcare provider that the DAF funding is not transferable.
- I understand that my personal information is held securely in accordance with the Data Protection Act 1998 and will be used only for Local Authority purposes.

Signature of parent/guardian:..... Date:.....

PROVIDERS CHECK

I confirm that the child named above is in attendance and claiming their free early education and I have attached official documentation validating the child's details with regards to the DLA.

Signature of Provider..... Date:.....