**Rotherham Metropolitan Borough Council**



**Application to deliver funded Early Education places to Under 2, 2, 3 and 4 year old children and 30 hours childcare places**

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| **Provider Name**  Full Name of the Provider **exactly** as it appears on your constitution (Companies House, Charities Commission, Partnership Agreement etc. | | |  | | | | | | |
| **Address**  Registered office address as shown on Companies House etc.  **Telephone Number** | | |  | | | | | | |
| **Name of Setting**  Name the setting operates under, if different from above (exactly as it appears on your Ofsted Certificate) | | |  | | | | | | |
| **Address of Setting**  Where early education care will be delivered if different from above  **Telephone Number** | | |  | | | | | | |
| **Legal Status**  **Is your organisation classed as:**  Private Limited Company  Charity  Voluntary Management Committee  Partnership  Sole Trader  Other – please state | | |  | | | | | | |
| **Registered Company / Charity Number** | | |  | | | | | | |
| **Name, address, email and contact telephone number of:**  **Company Directors, Owner, Trustees**  **or**  **Committee Chairperson, Treasurer and Secretary**  **i.**  **ii.**  **iii.** | | |  | | | | | | |
| **Constitution**  For Voluntary Management Committee, please attach a copy of your current constitution signed and dated by the Committee Chairperson. | | |  | | | | | | |
| **OFSTED Registration Number**  As appears on Ofsted Certificate | | |  | | | | | | |
| **OFSTED Inspection Grade**  Please give the date and grade of your last Ofsted Inspection or circle if you are awaiting your first inspection. | | | **Date:**  **Grade:**  **Awaiting First Inspection** | | | | | | |
| **Name of Registered Person**  As appears on Ofsted Certificate | | |  | | | | | | |
| **Nominated Individual (if applicable)** | | |  | | | | | | |
| **Designated person to receive Funding Payment Advices and Audit Letters** | | | Name  Email | | | | | | |
| **Designated Person to receive general correspondence.** | | | Name  Email | | | | | | |
| **Opening Hours for your setting:**  Please detail the times you open and close | | |  | | | | | | |
| **Does your setting open:**  Please state which option | | | All Year Round | | | | Term Time Only | | |
| **How many weeks each year is your setting open:** | | |  | | | | | | |
| **Do you have a formal notice period**  If yes how many **weeks** is the Notice Period? | | | Yes | | | | No | | |
| **Details for your Early Education Delivery –**  **do you offer (please circle):** | | | 3 Hour Sessions | | | | 5 Hour Sessions | | |
| Full Days | | | | Other – Please detail below | | |
| If **other**, please detail below the delivery models that you plan to offer | | | | | | | | | |
| **Early Education sessions to be offered:** | | | All Year Round | | | | Term time only | | |
| **Do you limit the number of free stand-alone**  **‘15 hours only’ places you offer?**  *(*If yes, please detail the maximum number of **free**  ’15 hour only’ places that you offer) | | | **Yes** | | | | **No** | | |
| **Do you offer 30 hour places for eligible children?** | | | Yes | | | No | | | |
| Completely Flexible | Full Day Sessions | Offer 5 hour sessions | | | Offer 3 hour sessions | | | | Other  Please detail below |
| If **other**, please detail below the delivery models that you plan to offer | | | | | | | | | |
| **Declaration**  I declare that the information I have provided on this application form is true and correct. I wish to apply to deliver Early Education Funded Places in the Rotherham Borough and have delegated responsibility for the setting detailed above. I agree to abide by the terms and conditions of the Agreement for the Provision of Early Education for 2, 3 and 4 year old children. I understand that I cannot begin delivery of Early Education places until a contract agreement letter has been issued by Rotherham Metropolitan Borough Council.  **Signed:**  **Name:**  **Position:**  **Date** | | | | | | | | | |
| **For Official Use:** | | | | | | | | | |
| **Application to Deliver EEF Funded places approved.**  **Name: Aileen Chambers**  **Position: Head of Service, Early Years and Childcare**  **Signature:** ………………………………………  **Date:** …………………………………………….. | | | | | | | | | |
| **Age Range:** | | | | **2, 3 and 4** | | | | **3 and 4** | |
| **Contract Start date** | | | |  | | | | | |

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| **PVI Bank Details**  **for BACS Payments** | |
| **Early Education Funding** | |
| **Name of Provider** |  |
| **Name as it appears on Bank Account** |  |
| **Name of Bank** |  |
| **Address of Bank** |  |
|  |  |
|  |  |
| **Bank Sort Code** |  |
| **Account Number**  (into which Early Education funded fees are to be paid) |  |
| **Cost Centre**  (for RMBC internal code transfers) |  |
| **Email to be used for payment advices** |  |
| **Reason for change** | New Provider |
| **Signature(s)** |  |
| **Name and**  **Positions in Organisation** |  |

**Please complete and sign with original signature\***

\* **NB**: **Please note that digital, photocopied or scanned signatures are not acceptable for audit purposes.**

**Completed applications should be returned to: Early Years and Childcare Service, Wing 2C, 2nd Floor, Riverside House, Main Street, Rotherham. S60 1AE.**

**Email:** [**earlyeducation@rotherham.gov.uk**](mailto:earlyeducation@rotherham.gov.uk)