**Rotherham Metropolitan Borough Council** 

**Childminder Agency 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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| **ABOUT THE CHILDMINDER AGENCYChildminder Agency Name**Full details **exactly** as it appears on your Childminder Agency Registration. **Please enclose a copy of your certificate.** |  |
| **Registered Address as shown on companies House****Email****Telephone Number**  |  |
| **Registered Company Number**  |  |
| **Ofsted Registration address if different from above** |  |
| **Agency Ofsted Registration Number** |  |
| **Inspection Grade of the Childminder Agency** Please give the date and grade of the last Inspection or circle if awaiting first inspection. | **Date:****Grade:****Awaiting First Inspection** |
| **Childminder Agency Legal Status** | **Sole Trader** | **Limited Company** | **Other** |
| **Registered with HMRC** | **Yes** | **No** |
| **Unique Tax Reference**  |  |  |  |  |  |  |  |  |  |  |
| **ABOUT THE CHILDMINDER****Name and Address of the Childminder** Full name and Address of the Childminder  |  |
| **Registration Number issued by Childminder Agency** As appears on Childminder Agency Certificate |  |
| **Childminder Inspection Grade issued by the Childminder Agency**Grade and Date of last inspection or state Awaiting Inspection |  |
| **Evidence that the Childminder has instructed the Childminder Agency to contract with the local authority and receive early education funding on their behalf attached.**  |  |
| **ABOUT DELIVERY****Opening Hours for your setting:** *Please detail the days and times you open and close* | **Open:** **Close:****Days:**  |
| **Does your setting open:***Please circle 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**….…….weeks | **No** |
| **Details for your Early Education Delivery –** **do you offer:** | 3 Hour Sessions | 5 Hour Sessions |
| Full Days | Other – please specify below |
| If **other**, please detail below the delivery models that you plan to offer  |  |
| **Early Education sessions 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?**Please circle below the options you offer | **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 am the registered person 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. I confirm that the Childminder detailed above will request permission from parents to pass child details onto the Childminder Agency to enable early education funding to be claimed. I confirm that I will ensure the Childminder detailed above is aware of the delivery requirements within the Early Education Agreement. **Signed:****Name:****Date:** |
| **For Official Use:** |
| **Application to Deliver EEF Funded places approved.** **Name: Aileen Chambers** **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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| **Childminder Agency Bank Details** **for BACS Payments**  |
| **Early Education Funding** |
| **Name of Provider** |  |
| **Provider Address** |  |
| **Name of Bank** |  |
| **Address of Bank** |  |
| **Bank Sort Code** |  |
| **Account Number**(into which Early Education funded fees are to be paid) |  |
| **Email to be used for payment advices** |  |
| **Reason for change** | New Provider |
| **Signature** |  |
| **Date**  |  |

**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.**