**Rotherham Metropolitan Borough Council**



**Application to deliver funded Early Education places to 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 CompanyCharityVoluntary Management CommitteePartnershipSole TraderOther – 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: Ann Parks, Early Years and Childcare Service, Wing 1C, 1st Floor, Riverside House, Main Street, Rotherham. S60 1AE.**

**Email:** **ann.parks@rotherham.gov.uk** **or** **earlyeducation@rotherham.gov.uk**