**Rotherham Metropolitan Borough Council**



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

|  |  |
| --- | --- |
| **Childminder Name**Full Name  |  |
| Full Name **exactly** as it appears on your Ofsted Registration |  |
| **Address****Email****Telephone Number**  |  |
| **Address of Setting** Address where early education care will be delivered if different from your home address (*Registered provider address as shown your Ofsted Certificate)*  |  |
| **Legal Status** | **Sole Trader** | **Limited Company** | **Other** |
| **Registered with HMRC** | **Yes** | **No** |
| **Unique Tax Reference**  |  |  |  |  |  |  |  |  |  |  |
| **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** |
| **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. **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** |  |

|  |
| --- |
| **Childminder 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: Ann Parks, Early Years and Childcare Service, Wing 1C, 1st Floor, Riverside House, Main Street, Rotherham. S60 1AE**