

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

| ABOUT ME Childminder Name Full Name exactly as it appears on your Childminder Agency Registration. Please enclose a copy of your certificate. | | | | | | | | | |
|---|-------------------------------|-------|-------|--------|-------|------|-----|-------|--|
| Home Address | | | | | | | | | |
| | | | | | | | | | |
| Email | | | | | | | | | |
| Telephone Number | | | | | | | | | |
| Address of Setting | | | | | | | | | |
| Address where early education care will be delivered if different from your home address | | | | | | | | | |
| Registration Number issued by Childminder | | | | | | | | | |
| Agency As appears on Childminder Agency | | | | | | | | | |
| Certificate Inspection Grade issued by the Childminder | | | | | | | | | |
| Agency | | | | | | | | | |
| Grade and Date of last inspection or state Awaiting | | | | | | | | | |
| Inspection Legal Status | S 0 1 | o Tra | dor | | Lim | itad | 1 6 | Other | |
| Legal Status | Sole Trader | | | | Com | | | Ouici | |
| Registered with HMRC | Yes | | | | | No | | | |
| | | | | | | | | | |
| Unique Tax Reference | | | | | | | | | |
| ABOUT THE CHILDMINDER AGENCY | | | | | | | | | |
| Name and Address of the Agency Full name and Address of the Childminder Agency | | | | | | | | | |
| with which you are registered | | | | | | | | | |
| Inspection Grade of the Childminder Agency | Date | : | | | | | | | |
| Please give the date and grade of the last Inspection | | | | | | | | | |
| or circle if awaiting first inspection. | Grade: | | | | | | | | |
| | Awa | itina | First | t Insc | ectio | n | | | |
| ABOUT DELIVERY | Ope | | | | | | | | |
| Opening Hours for your setting: | | | | | | | | | |
| Please detail the days and times you open and close | Clos | e: | | | | | | | |
| | Days | S: | | | | | | | |
| Does your setting open: Please circle which option | All Veen Decord | | | | | | | | |
| riease circle which option | All Year Round Term Time Only | | | y | | | | | |
| How many weeks each year is your setting | | | | | | | | | |
| open: | | | | | | | | | |
| Do you have a formal notice period | Yes | | | | No | | | | |
| If yes how many weeks is the Notice Period? | weeks | | | | | | | | |
| | | | | | | | | | |

| Details for your Ea | rly Education Delive | ery – | 3 Hour Sessions | | 5 Hour Sessions | | |
|---|-----------------------|----------|-------------------------------------|-----------|------------------------------|---------------------------------|--|
| | | | Full Days | | Other – please specify below | | |
| If other , please det that you plan to offe | ail below the deliver | y models | | | | | |
| Early Education sessions offered | | | All Yo | ear 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 | | | | Yes | No | | |
| '15 hour only' places t | | | | Yes | No | | |
| Please circle below th | e options you offer | T | | | | | |
| Completely Flexible | Full Day Sessions | | 5 hour Offer 3 ho sions sessions | | Ple | Other Please detail below | |
| If other , please detail below the delivery models that you plan to offer | | | | | | | |
| 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: | liver EEE Eunded | nlasas s | nnrovod | | | | |
| 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 | | | na 4 | |
| Contract Start da | te | | | | | | |

| 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*

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

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