**Rotherham Metropolitan Borough Council**



**Childminder 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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| **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 Under 2, 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:** | | | **Under 2, 2, 3 and 4** | | | | | | **3 and 4** | | | | | |
| **Contract Start date** | | |  | | | | | | | | | | | |

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| **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: Early Years and Childcare Service, Wing 2C, 2nd Floor, Riverside House, Main Street, Rotherham. S60 1AE.**