**Ealing Early Years Disability Access Fund Form**

Providers who offer **children aged from 9mths to 4 years, free early years education can apply to claim Disability Access Funding (DAF)** to support children with Special educational needs (SEN) to access the free entitlement.

A lump sum payment of £910 per year is available to providers who have eligible children in receipt of child Disability Living Allowance who are claiming free early years education.

By completing this form you agree to DAF funding being paid to one childcare provider as a one‐off

payment. If you move your child to another childcare provider during the year, then the DAF funding is not transferable.

**Please return this completed form to your childcare provider along with a copy of your child’s Disability Living Allowance confirmation letter. The childcare provider will then send the form and proof of eligibility to Ealing Council.**

**ABOUT YOUR CHILD**

Child’s first Name:

Child’s Surname:

Child’s Date of Birth:

Child’s Address

Including Postcode:

Name and Address of

Childcare Provider you

Wish to receive DAF

Funding:

Child’s Start Date:

**Parental Consent and Declaration (Please read before signing)**

I declare that:

1. I am the parent/legal guardian of the child named on the form
2. The above detailed information relating to my child is complete and accurate and **I wil notify the childcare provider of any changes.**
3. I have provided evidence that my child is in receipt of child disbality living allowance.
4. I confirm that my child is in attendance and claiming their free education at the childcare provider named above.
5. I consent to the information I have provided being passed to Ealing council to enable entitilement to the Disablity access fund to be verified.
6. I understand that if I move my child to another childcare provider that the DAF funding is not transferable.
7. I understand that my personal information is held securley in accordance with the UK GDPR and Data protection Act 2018.

Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_