Disability Access Fund Declaration Form

# Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Child’s Details (to be completed by the parent/carer)

|  |  |  |  |
| --- | --- | --- | --- |
|   | First Name  | Middle Name(s)  | Last Name  |
| Legal Name: |   |   |   |
| Chosen Name: |   |   |   |
| Date of Birth: | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_  | Gender:  Female / Male | Ofsted URN:   |

## Disability Access Fund Declaration

Three and four year old children who are in receipt of Disability Living Allowance and are receiving the Universal and/or Extended funding entitlement are eligible for the Disability Access Fund. The Disability Access Fund is paid to the child’s Early Years provider.

|  |  |
| --- | --- |
| Evidence of Disability Living Allowance (DLA) attached:  | ☐  |
| Is your child attending another provider: | ☐Yes ☐No  |
| Name of other provider:  |   |
| Which provider would you like to nominate to receive the Disability Access Funding: |  |
| Child’s start date at the nominated provider:  |   |

# Declarations

## Parent/Carer/Guardian declaration

I declare that:

* I am the parent/legal guardian of the child named on this form
* The above information relating to my child is complete and accurate
* I have provided evidence that my child is in receipt of Disability Living Allowance
* I understand that if I move my child to another childcare provider, for any reason, the Disability Access Fund is not transferable
* My child attends and claims their free early education at the childcare provider nominated above
* I consent to the information I have provided being passed to London Borough of Tower Hamlets
* I understand that my personal information is held securely in accordance with the General Data Protection Regulation (GDPR) 2018 and may be shared with the Local Authority and Department for Education, who may access information from other government departments to confirm my child’s eligibility and enable this provider to claim Disability Access Fund on behalf of my child

|  |  |
| --- | --- |
| Parent/Carer/Guardian with legal responsibility  |  |
| Signed: |   |
| Print name: |   |
| Date: |   |

## Provider declaration

I confirm that the child named above attends this setting and claims their free early education funding here.

I have attached a copy of the child’s Disability Living Allowance evidence.

Please note that information about whether a child is in receipt of Disability Living Allowance is sensitive personal data which should be handled appropriately. Providers are asked to pay particular note to advice from the [ICO](https://ico.org.uk/for-organisations/guide-to-data-protection/principle-3-adequacy/) on holding personal data including sensitive personal data.

|  |  |
| --- | --- |
| Signature:   |   |
| Print Name: |   |
| Position at Setting: |   |
| Name of Setting: |   |
| Date: |   |

I confirm that the child named above attends this setting and claims their free early education funding here.

**Please remember that this is a legal document and should be signed by someone in authority at your setting.**