

Early Learning and Childcare

Funded Provider - Confirmation of Funded Hours

NAME OF FUNDED PROVIDER:	
CHILD'S NAME:	
DATE OF BIRTH:	
ADDRESS:	

FUNDING OPTION

(Please tick only one option)

- Option A** – I would like to take up all my funded hours at the above Funded Provider
(Please complete Section 1 only)
- Option B** – Blended model with another provider eg. Local Authority Nursery, Childminder or Community Group
(Please complete both Sections 1 & 2)

SECTION 1 (Hours at Funded Provider)

Please detail below the total number of hours per week your child will attend the Funded Provider.
(Please refer to the attached Information sheet for a summary of hours available)

38 weeks

Days/Hours Attended (eg. 08.00-12.00) at Funded Provider:

Monday	Tuesday	Wednesday	Thursday	Friday

Total Hours per Week:

Start Date:

If you have selected Option B (Blended Model) please also complete Section 2 overleaf

SECTION 2 (Please complete only if you have selected Option B - a blended model with another provider eg. Local Authority Nursery, Childminder or Community Group)

Name of Other Provider:

Days/Hours Attended (eg. 1.00-4.00):

Monday	Tuesday	Wednesday	Thursday	Friday

Total Hours per Week:

Start Date:

PARENTAL STATEMENT:

I verify that the information I have provided in this application form is correct and I agree to notify the Funded Provider immediately of any changes which may affect my child's funded early education and childcare.

I give permission for the information held on this form to be shared with the Funded Provider and the administrators of Funded Provider Payments within the Department of Education & Children's Services, East Lothian Council. This information will be used to make payments to the Funded Providers for early education and childcare. I understand information provided in regard to funding at another Provider may be verified by East Lothian Council.

By signing this form you are giving your consent for this information to be stored both manually and electronically. All information is held in compliance with the Data Protection Act 2018.

Signature:		Date:	
Print Name:		Relationship to Child:	

FUNDED PROVIDER STATEMENT:

I am countersigning this form and confirming the details are accurate:

Signature:		Date:	
Print Name:		Position:	