

## Keep for Your Records

**Sign and keep a copy of this document for your records and return a copy to the address below:**

**The person legally responsible for your establishment must sign the following declaration:**

- I certify that this provision conforms to all the conditions of eligibility for registration in the agreement and that this provider will ensure all elements are met.
- I have read carefully the various documents referred to in this agreement.
- I agree to the terms and conditions in this provider agreement.
- Understand that, if a provider fails to meet the conditions set, Telford & Wrekin Council may require the repayment of the whole or part of any funding they have been paid in respect of the provision of places.

Setting/School/Childminder Name	
Contact Name	
Position	
Signature	
Date	

Talking Early Years and Childcare

Education and Skills

6<sup>th</sup> Floor, A Wing, Darby House, Lawn Central, Telford TF3 4JA

Application Approved	<input type="checkbox"/>
Application Rejected	<input type="checkbox"/>
Reason for rejection	

Approved	
Date	

**Provider Declaration****Complete and return to Talking Early Years and Childcare****Please complete this section in BLOCK CAPITALS and BLACK INK**

Provider Name:	Contact Name and Position at Setting:
Address (where children attend):	Telephone Number:
	Email Address:
Post Code:	Website Address:
Correspondence Address (if different from above):	
<b>TO BE COMPLETED BY SETTINGS WITH A COMMITTEE/GOVERNOR</b>	
Name of Chairperson/Governor:	Telephone Number:
Address:	Email Address:
<b>Contacts</b>	
Nominated Person:	Designated Safeguarding Lead:
SENDCo Lead:	Behaviour Management Lead:
Health and Safety Lead:	Main Funding contact:
<b>Flexible Funding (please indicate)</b>	
<b>Not offering flexible funded session with result in the removal of the Uplift Incentive</b>	
Offers flexible funded sessions	
Does not offer flexible funded sessions	
<b>Offers 30 Hours Extended Childcare (please indicate)</b>	
<b>YES</b>	<b>NO</b>
<b>Type of Establishment</b>	
Limited Company – Company Registration Number	
Registered Charity – Charity Commission Registration Number	
Committee led not for profit – Name of Organisation	
Sole Trader – Name of Sole Trader	
Partnership – Name of Partners	
Other – Please Describe	

<b>Provider Sector</b>		
Early Years non domestic provider who is required to be registered on the Ofsted Early Years Register		
Early Years domestic provider who is required to be registered on the Ofsted Early Years Register		
A Maintained School, approved Non-Maintained Special School		
An Academy School		
Independent School which is exempt from registration		
Childminder		
Other		
Ofsted Registration Number		
<b>Capacity</b>		
Registered number of places		
<b>Funding Information</b>		
Please specify the start and end times of your funded hours	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	
Number of weeks over which you will offer the funded hours		
<b>Fees/Charges</b>		<b>£</b>
Hourly		
Sessional AM		
Sessional PM		
Short date rate		
Day rate		
Before and After School		
Holiday		
<b>Meal/Consumable/Non Curriculum Charges</b>		<b>£</b>
Snack		
Lunch		
Tea		