Slough
Borough Council

Growing a place of opportunity and ambition

Slough Early Years Disability Access Fund
Parent Application Form

Providers who offer 3 & 4 year old funded early years education places can apply to claim Disability Access Funding (**DAF**) to support disabled children to access the entitlement. A lump sum payment of £615 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 Early Years provider as an one- off payment. If you move your child to another provider during the year then the DAF funding is not transferable.

Please return this completed form to your early years provider along with a copy of your child's Disability Living Allowance letter confirmation. The early years provider will then send the form and proof of eligibility to Slough Borough Council.

ABOUT YOUR CHILD

Child's legal first Name:

Child's legal Surname:

Child's Date of Birth:

Home address and postcode

Name of early years provider wish to receive DAF funding:

Child's start date:

PARENTAL CONSENT AND DECLARATION (please read above before signing)
I declare that:

- I am the parent/legal guardian of the child named on this form
- The above detailed information relating to my child is complete and accurate and **I will notify the provider of any changes.**
- I have provided evidence that my child is in receipt of child disability living allowance
- I confirm that my child is in attendance and claiming their free early learning at the early years provider named above.
- I consent to the information I have provided being passed to Slough Borough Council to enable entitlement to the Disability Access Fund to be verified.
- I understand that if I move my child to another provider that the DAF funding is not transferable
- I understand that my personal information is held securely in accordance with the Data Protection Act 1998 and will be used only for Local Authority purposes.

Signature of parent/guardian: ……………..…………………….……Date:.…………………….

PROVIDERS CHECK
I confirm that the child named above is in attendance and claiming their free early learning and I have attached official documentation validating the child's details.

Signature of Provider: …………..…………………………. Date:.……………………..