**Early Years Provider Agreement 2021**

**Provider Declaration Form**

**How many weeks is your setting open each funding period**

|  |  |
| --- | --- |
| **Funding period** | **Number of weeks** |
| **Summer 2021** |  |
| **Autumn 2021** |  |
| **Spring 2022** |  |

|  |  |  |
| --- | --- | --- |
|  | **I currently offer**  *Please tick all that apply* | **The date we plan to start offering FEL**  *Please insert a date* |
| 2 year old funding |  |  |
| Universal 3 & 4 year old funding |  |  |
| Extended entitlement for 3 & 4 years olds |  |  |

**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 2020 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 all the terms and conditions in the Provider Agreement 2020.
* I understand that, as a provider if we fail to meet the conditions set, the council acting reasonably, may withdraw funding and require repayment of the whole or part of any funding we have been paid in respect of the provision of free places.
* I understand that the information supplied on this declaration will be used by the local authority to communicate with the provider regarding funded early education
* Under the Data Protection Act 2018, we are required to gain your permission to keep personal details for you on our database. Slough Borough Council and its agents may share this information with government and local authority departments and other authorised organisations for administrative, statistical and research purposes.  For further information please visit: <http://www.slough.gov.uk/council/data-protection-and-foi/privacy-notices.aspx>
* Completing this form and signing it gives us your informed consent. If you are unable to access the provided links or wish to submit a query in relation to fair processing, please contact the data protection officer at [DataProtectionOfficer@slough.gov.uk](mailto:DataProtectionOfficer@slough.gov.uk)

|  |  |
| --- | --- |
| Setting Name: |  |
| Contact Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |

**Please sign and return to:**

Children and Families,

Observatory House, 25 Windsor Road

Slough, SL1 2EL

Or scan and email to: [Humza.Khalique@slough.gov.uk](mailto:Humza.Khalique@slough.gov.uk)