**Kent County Council Early Years Funding**



**Disability Access Fund Claim Form for Three & Four Year olds**

Providers who offer **three and four** year old children free early years education and childcare to embrace the 30-hour extended entitlement can apply to claim Disability Access Funding (DAF) to support children to access their free entitlements.

An annual payment of £800.00 is available to providers who have eligible children in receipt of child Disability Living Allowance (DLA) who are claiming free entitlements.

Information for Parents/carers:

By completing this form with your provider, you agree to DAF funding being paid to **one childcare provider as a one-off payment**. If you move your child to another childcare provider during the year, then the DAF funding is not transferable.

Please return this completed form to your childcare provider along with a copy of your child’s Disability Living Allowance letter of confirmation. The childcare provider will keep a copy of the form and DLA confirmation letter as proof of eligibility. To claim the funding, the childcare provider must email both documents to: [miearlyyears@kent.gov.uk](mailto:miearlyyears@kent.gov.uk)

***In the subject line please put 3&4 Year Old DAF Application***

**About your child**

|  |  |
| --- | --- |
| Child’s first name: |  |
| Child’s surname: |  |
| Child’s date of birth: |  |
| Home address, including postcode: |  |
| Name and address of childcare  provider you wish to receive DAF funding: |  |
| Provider Ofsted Unique Reference Number (URN) |  |
| Date the child joined the setting: |  |

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| **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 childcare provider of any changes.** * I have provided evidence that my child is in receipt of child Disability Living Allowance. * I consent to the information I have provided being passed to Kent County Council to enable entitlement to Disability Living Allowance to be verified. * I understand that if I move my child to another childcare provider that the DAF funding is not transferable. * I understand that my personal information will be held securely in accordance with the General Data Protection Regulation which applies across the European Union (including in the United Kingdom)   Signature of parent/guardian: ……………… Date: ………………………  **Provider’s check**  I confirm that the child named above is attending and claiming their free early education entitlement and that I have kept a copy of any official documentation validating the child’s details.  Setting Name: …………………. Contact name: …………………………….  Date: ……….. Tel number of setting: ……………………… |