

**Early Years Education Entitlements**

**Disability Access Fund Application Form**

**Three and Four Year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child’s early years setting as a fixed annual rate of £615 per eligible child.**

*Please note that this funding is not payable for children attending a Reception Class.*

**Child's details**

|  |  |  |
| --- | --- | --- |
| **Child's Legal Family Name:** | **Child's Legal Forename(s):** | |
| **Name by which the child is known (if different from above):** | | |
| **Date of Birth:** | | **Male/Female:** |
| **Address:** | | **Post Code:** |

**Is your child eligible and in receipt of Disability Living Allowance (DLA\*)? :**

Yes – please take proof of entitlement to your childcare provider

No

If your child is splitting their free entitlement across two or more providers **please nominate the main setting** where the local authority should pay the DAF:

**Parent/Carer/Guardian with legal responsibility declaration**

**Declaration**

I (Name).............................................................................................

of (Address) .......................................................................................................

confirm that the information I have provided above is accurate and true. I understand

and agree to the conditions set out overleaf and I authorise (Name of Provider) .................................................................to claim Disability Access Funding as agreed above on behalf of my child.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider – once completed please email this form along with the proof of entitlement to** [**admission@barnsley.gov.uk**](mailto:admission@barnsley.gov.uk) **using the egress secure system.**

\* https://www.gov.uk/disability-living-allowance-children/overview

# I declare that:

* The information relating to my child is complete and accurate and I will notify the provider of any changes.
* I understand that the DAF will only be paid to 1 provider. Once funding for the year is paid, it will not be reclaimed even if the child leaves the setting.  If I move my child to another childcare provider, the new setting will not be able to receive any Disability Access Fund payment until the following year.
* I confirm that my child is in attendance at the childcare provider named overleaf.
* I have provided evidence that my child is in receipt of child Disability Living Allowance to the provider named overleaf and I consent to this application form and evidence being shared with relevant officers at Barnsley MBC.
* In addition, I also agree that the information I have provided can be shared with the local authority and Department for Education, who will access information from other government departments to confirm my child’s eligibility.
* I understand that if I have given false information on this form I may be asked to reimburse the provider.

**Data privacy**

The Data Protection Act 1998 puts in place certain safeguards regarding the use of personal data by organisations, including the Department for Education (DfE), local authorities and schools. The Act gives rights to those (known as data subjects) about whom data is held, such as pupils, their parents and teachers. This includes:

* the right to know the types of data being held
* why it is being held, and
* to whom it may be communicated

Please ask to see a copy of the provider’s ‘privacy notice’ which explains how your data is being used.