



Schedule 1 - Provider Declaration Form

General Information

Please provide the following information, as shown on the Ofsted certificate

Provider's registered name

Registered person's name

Manager / Supervisor's name

Ofsted registration number

Contact details

Please provide us with contact details for all correspondence relating to the Early Education Funding.

Contact persons name

Contact's position within the setting

Address & postcode

Contact telephone number

Alternative contact number

Email address

Delivery of Early Education places

Do you want to deliver (please tick all that apply):

3- and 4-year-old places

2-year-old places

Under 2's places from Autumn 2024

How many weeks per year are you open?

Account details

Please note the account must be in your sole name or business name and not a joint account.

Account Name

Account Number

Sort Code

Bank Name and Address

Certification

Please read the following information and sign below to complete your application.

I certify that this Early Years Setting understands the following conditions of eligibility for registration:

- Be rated 'good' or 'outstanding' by Ofsted to deliver disadvantaged two-year-old places
- Be rated 'requires improvement', 'good' or 'outstanding' by Ofsted to deliver funded working entitlement places
- Settings rated 'requires improvement' will be required to engage and act upon appropriate support from the Local Authority to deliver disadvantaged two-year-old places.
- Setting rated 'inadequate' will be required to engage and act upon appropriate support from the Local Authority evidencing rapid improvement to deliver funded places

As the representative of the Provider, I confirm that I have read the Provider Agreement for the delivery of funded early education and childcare provision and will ensure that the Provider adheres to the requirements set out therein for the duration of the Agreement. I understand that failure to do so could result in the termination of this Agreement and subsequent withdrawal of early years funding, as well as removal from the City of York Council Directory of Providers of Early Education.

I confirm that I will notify City of York Council of any changes in the circumstances or practices of the Provider which may affect the Provider's ability to comply with the Agreement as soon as is reasonably

practicable and in any event within five working days of such change taking effect.

I acknowledge that City of York Council reserve the right to request sight of any such documents as they deem necessary in order to establish the Provider's continued compliance with the Agreement and agree to assist the Council by making these documents available as soon as is reasonably practicable and in any event within five working days of a request being made.

Signature

Print Name

Position

Date

Information written on this form is stored on a computer for the purpose of processing the Early Education Funding. Contact information for the provision may be passed onto the Early Years Support Advisors and the Families Information Service (FIS).

Please return to the Early Years Funding team:

Education Support Service

City of York Council

West Offices

Station Rise

York

YO1 6GA

Telephone: 01904 553880

Email: earlyyearsfunding@york.gov.uk