

**Disability Access Fund (DAF) – Request Form**

**Section 1) Child and Family details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** |  | **DOB** |  |
| **Gender** |  | **Ethnicity** |  |
| **Parents / Carers Names** |  | **Parents / Carers Address** |  |
| **Contact Number** |  | **Postcode** |  |

**Section 2) Early Years Setting Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Early Years Provider Name** |  | | | | |
| **Early Years Provider Email Address** |  | | **Contact Name** | |  |
| **I confirm that evidence of Disability Living Allowance (DLA) has been seen and I have enclosed proof of this for the above named child.** | | | | | |
| **EY Provider Name** | | **EY Provider Signature** | | **Date** | |
|  | |  | |  | |

**Section 3) Details on how the funding will be used**

|  |
| --- |
| **What are you going to do differently or more of?** |
|  |
| **How will you know it has made a difference?** |
|  |

**Section 4) Parental consent and additional information**

It is important to note that Disability Access Funding will not be refundable and once payment has been made that decision is final. Even if your child moves to a different Early Years Provider the Disability Access Funding will not be available until 12 months after this payment. It is also important to note that this fund will only be issued to an Early Years Provider once a signed headcount form has been received which clearly shows the child for which the fund is being claimed.

|  |  |  |
| --- | --- | --- |
| **I confirm that Disability Access Funding (DAF) of £881.00 should be paid to the above Early Years Provider.** | | |
| **I understand that the Council will share this information with other teams within People & Communities in order to provide a comprehensive service to you and your family. The Council will not share information with any other third party without your consent or as required by law.** | | |
| **Parent / Carer Name** | **Parent / Carer Signature** | **Date** |
|  |  |  |

**Please return this form via GlobalScape or to the following address via signed for delivery:**

**Early Years Special Educational Needs and Disability Inclusion Panel (SENDIP)**

**Bath and North East Somerset Council**

**Lewis House, Manvers Street, Bath**

**BA1 1JG**

**Email –** [**SENDIP@bathnes.gov.uk**](mailto:SENDIP@bathnes.gov.uk)