08 Disability Access Funding Application Form (DAF) X

This form is only to be completed for children in NURSERY

Parent/Carer information: (to be completed and signed by the parent/carer)

Parent/Carer Name			
Child's name		Child's DOB	
Nominated provider to receive DAF			
Does your child attend another provider where they are taking up funded (EEF) hours? Please note that DAF can only be paid to one provider.	Yes/No	If so, please list the other provider(s) below	
Additional provider			
Additional Provider			
Declaration: I can confirm that my child is in receipt of Disability Living Allowance and that I have provided a copy of the official letter to my nominated provider to send with this application. I understand that this is a one-off payment to the provider and that payment cannot be made to another provider within the same academic year (September-August)			
Parental Signature			
Date			

Nominated Provider information: (to be completed and signed by the provider)

Provider Ofsted URN/Independent school number /School DfE number	
Name of childcare provider/school	
Contact name	
Contact telephone number	
Declaration: I can confirm that the provision named above is the nominated provider for the DAF payment for this child in this academic year and we have sent a copy of the official letter regarding receipt of Disability Living Allowance with this application. We will maintain evidence of the expenditure should it be required in future for audit purposes.	
Signature (on behalf of provider)	
Date	

Office Use Only	Date application received	
	DLA letter sent and approved	
	Record amended on Capita system	
	Payment authorised (Date)	