

Appendix 4

Disability Access Fund Application Form

Parents Notes:

Children who are in receipt of child DLA and are receiving the funded entitlement are eligible for the Disability Access Fund (DAF) from April 2024. This was extended to children from 9 months old from September 2024. DAF is paid to the child's setting as a fixed annual rate of £938. For more information, please follow the link:

<https://www.gov.uk/disability-living-allowance-children/overview>

By completing this form, 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 confirmation. The childcare provider will then submit the application and supporting evidence to Together for Children.

Please read before signing

I declare that:

- I am the parent/legal guardian of the child named on the form;
- The below 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 (please submit a copy as supporting evidence);
- I confirm that my child is attending and claiming their funded early education at the childcare provider named below;
- I agree to the information I have provided being passed to Together for Children to enable entitlement to the Disability Access Fund 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 Data Protection Act 1998 and General Data Protection Regulation (GDPR) May 2018 and will be used only for Local Authority purposes.

Child's Full Name:		Child's DOB:	
Child's Full Address:			
Parents Full Name:			
Signature:			
Date of application:			
Please name the provider you wish to receive the funding:			

To be completed by provider named above:

I can confirm that the child named above is in attendance and claiming their funded early education at the setting and I have submitted official supporting documentation validating the child's details.

Setting representative name and signature:	
Date of application:	

FOR THE PROVIDER: Disability Fund Applications should be made via the childcare provider portal

<https://www.togetherforchildren.org.uk/professionals/childcare-provider-portal>

Please scan or screenshot this completed form and a copy of the benefit award letter and attach via the provider portal when prompted during the application. You will receive an outcome regarding your application via the provider portal once all information has been received by Together for Children. Please direct any DAF queries to the Early Years Team via early.years@togetherforchildren.org.uk

Please note that information about whether a child is in receipt of Disability Living Allowance is sensitive personal data which should be handled appropriately. Providers are asked to pay particular note to advice from the ICO on holding personal data including sensitive personal data available at: <https://ico.org.uk/for-organisations/guide-to-data-protection/principle-3-adequacy/>