London Borough of Hounslow

Disability Access Fund (DAF) - Parent/Carer Declaration Form

The Disability Access Fund (DAF) is funding available to an early years provider to support the inclusion of children with special educational needs and/or disability (SEND).

A child will be eligible for DAF if:

- the child is in receipt of Disability Living Allowance (DLA)

and the child receives one of the following;

- the universal 15 hours entitlement for 3- and 4-year-olds.
or
- the 15 hours entitlement for families receiving additional forms of government support.
or
- the 15 hours entitlement for children aged 2- years of working families.
or
- the 15 hours entitlement for children aged 9 months to 2 years of working families.

This funding is paid directly to the chosen childcare provider as a one-off annual payment of £910 per eligible child. For more information on DAF please visit the Hounslow Local Offer.

Please complete and return this form to your nominated early years provider along with a copy of the letter confirming your child is in receipt of DLA.

Child's Details			
Full name of child		Child's date of birth	
Address including postcode			

Eligibility Check		
My child is in receipt of DLA and I have provided a copy of the letter to the provider.	☐ Yes	☐ No
My child accesses all or part of their universal 15 hours entitlement for 3- and 4-year-olds at the below nominated provider.	☐ Yes	☐ No
My child accesses all or part of their 15 hours entitlement for families receiving additional forms of government support at the below nominated provider.	☐ Yes	☐ No
My child accesses all or part of their 15 hours entitlement for children aged 2- years of working families at the below nominated provider.	☐ Yes	☐ No
My child accesses all or part of their 15 hours entitlement for children aged 9 months to 2 years of working families at the below nominated provider.	☐ Yes	☐ No
In the last year, my child has not attended any other early years provision that has received the DAF.	☐ Yes	☐ No
If you ticked 'Yes' to the above, please provide the name of the early years provider:		

Parent/Carer Declaration	
I confirm that the information I have provided is accurate and true. I agree to the funding being paid to the provider named on this form. I agree to notify the provider of any changes. I understand that the Local Authority (LA) are bound by General Data Protection Regulations and will not reveal information held on my child to a third party unless the law allows them to. I agree that the information I have provided can be shared within the Local Authority and Department for Education. I understand the Local Authority will use and store this information to confirm my child's eligibility and enable this provider to claim Disability Access Fund (DAF) on behalf of my child. I understand that if I move my child to another early years provider that the DAF is not transferable.	
Parent/Carer signature:	**Date:**

The lawful basis for collecting this data falls under Legal Obligation and Public Task and therefore consent is not required and details of Hounslow Council's Privacy Notice can be found on www.hounslow.gov.uk

September 2024

Nominated Provider	
Name of provider:	

How will the Disability Access Fund be used? (Provider to complete following discussion with parent/carer)

Childcare Provider Declaration			
I confirm that, to the best of my knowledge, the Disability Access Fund (DAF) Parent/Carer Declaration Form has been completed correctly.			
Provider's signature (role):		**Date:**	

Please note that information on this form 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-the-general-data-protection-regulation-gdpr/what-is-personal-data/