



**APPLICATION FOR INCLUSION ON THE STOCKPORT LIST OF PROVIDERS TO  
RECEIVE FUNDING TO DELIVER EARLY EDUCATION PLACES**

**NAME OF ORGANISATION:** (must be the same as the name you have given to Ofsted)

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**NAME OF REGISTERED PROVIDER:** (must be the same as the name you have given to Ofsted)

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SETTING TYPE (please tick)	
Childminder	
Day Nursery	
Independent	
Out of School Club	
Pre-School/Play Group	

SETTING ADDRESS	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Postcode	

CONTACT DETAILS (please print clearly)											
Telephone No.:											
Mobile No.:											
Email Address:											

DATE SETTING OPENED

DAY	TIME			
	From	To	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Does the setting offer all year-around childcare?
YES / NO

## REGISTRATION DETAILS

### Pre-Schools / Playgroups, Day Nurseries & Child Minders

<b>OFSTED Unique Reference Number (URN):</b>	
<b>Ofsted Grade and Date:</b>	
<b>For how many 3 &amp; 4-year-old places?</b>	
<b>For how many 2-year-old places?</b>	
<b>What is the age range of the provision?</b>	

### Independent Schools

<b>Independent School Inspection Grade:</b>	
<b>Your DfE Registration Number:</b>	
<b>The date of your final registration:</b>	
<b>The age range for which you cater:</b>	

## DECLARATION

I have read Stockport's Provider Agreement document and certify that this setting conforms to all conditions of eligibility for registration.

I undertake that this setting will, while registered:

- Abide by the conditions and requirements as set down in Stockport's Provider Agreement or as otherwise notified.
- Provide to any eligible child admitted to the setting, early years education in line with the Early Years Foundation Stage.
- Agree to be inspected by officials from the local authority to ensure that funding paid is being used for the provision of free places appropriately.
- Make copies of records available to the local authority on request for auditing purposes and keeping a record of attendance of all children for whom we provide funded places.

<b>Signed:</b>		<b>Print Name:</b>	
<b>Position:</b>		<b>Date:</b>	



## BANK DETAILS

Please complete details below advising the bank account to which the grant payment should be made:

NAME OF ORGANISATION:

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### ABOUT YOUR BANK (please PRINT clearly)

Name of Bank	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Postcode	

### ABOUT YOUR ACCOUNT DETAILS (please PRINT clearly)

Account Name:	
Sort Code:	
Account Number:	

Today's Date:

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Please Email fully completed form to: [eyportal@stockport.gov.uk](mailto:eyportal@stockport.gov.uk)

### IMPORTANT

If your bank account details change, please complete another copy of this form and forward to the Email address detailed above.