

# Transfer of Early Education Funding

## To be completed by Current Childcare Provider and Parent/Carer.



Child Name		DoB	
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Current Childcare Provider	
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The above child is currently in receipt of:	Tick as applicable
<ul style="list-style-type: none"> <li>2 Year Old Early Education Funding</li> </ul>	
<ul style="list-style-type: none"> <li>3 &amp; 4 Year Old Early Education Funding – 15hrs (Universal only)</li> </ul>	
<ul style="list-style-type: none"> <li>3 &amp; 4 Year Old Early Education Funding – 30hrs (Universal &amp; Extended)</li> </ul>	

The child named above left my care on: (Date)	
Including notice, I will claim funds up to: (Date)	

New Childcare Provider (if known)	
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As per the Provider Agreement this transfer form has been completed and includes details of funded hours overleaf. If there is a change in funded hours already claimed, an adjustment will be actioned via the Provider Portal within two weeks of the child leaving my care.

Signed (Current Provider)			
Print Name		Date	

**Dear Parent/Carer,**

The movement of Early Education funded hours is discouraged. Where necessary children should be moved between childcare providers at the end of a funding period which is 31 March, 31 August and 31 December.

If you choose to move your child at any point or decided not to start at a childcare provider once you've signed a Parent/Carer Declaration with them you could be asked to give up to FOUR CALENDAR WEEKS notice to the current provider.

If your move is due to Safety or Quality reasons, please contact us.

I have agreed a notice period with my current childcare provider and understand no Early Education funded childcare will be authorised until this transfer is agreed by all and any notice period is complete. I also agree that Learning and Development records can be shared with the new childcare provider to enhance my child's development and ensure continuity of care for my child.

Signed (Parent/Carer) \_\_\_\_\_

Print Name \_\_\_\_\_

*This form is to be given to the new provider via the parent signing above.*

# To be completed by Current Childcare Provider

Circle applicable information \*

Circle applicable information*	<b>Current Funding Period*</b>				
	1 January – 31 March	1 April – 31 August	1 September – 1 December	Year:	
	<b>Funding Type*</b>				
	2 Year Old	3 Year Old	4 Year Old	15 Hrs Universal	30 Hrs Universal & Extended
	<b>Funding Offer Claimed*</b>				
	All Year Round Stretch		Funding Period Stretch	Term Time Only	
	<b>Total Hours Claimed this period including notice</b>				
	<b>Last date claimed</b>				

Circle applicable information*	<b>Previous Funding Period*</b>				
	1 January – 31 March	1 April – 31 August	1 September – 1 December	Year:	
	<b>Funding Type*</b>				
	2 Year Old	3 Year Old	4 Year Old	15 Hrs Universal	30 Hrs Universal & Extended
	<b>Funding Offer Claimed*</b>				
	All Year Round Stretch		Funding Period Stretch	Term Time Only	
	<b>Total Hours Claimed this period</b>				
	<b>First date claimed</b>				

Circle applicable information*	<b>Prior Funding Period to Previous Funding Period above*</b>				
	1 January – 31 March	1 April – 31 August	1 September – 1 December	Year:	
	<b>Funding Type*</b>				
	2 Year Old	3 Year Old	4 Year Old	15 Hrs Universal	30 Hrs Universal &Extended
	<b>Funding Offer Claimed*</b>				
	All Year Round Stretch		Funding Period Stretch	Term Time Only	
	<b>Total Hours Claimed this period</b>				
	<b>First date claimed</b>				