

Provider Agreement for Early Years Entitlement Funding (EYEF)

Name of Setting:	_____
Premises Address:	_____
Premises Tel No.:	_____
Setting Contact Person:	_____
Setting Contact E-Mail:	_____

Correspondence address for EYEF contact if different from above:	
Contact name:	_____
Contact Address:	_____
Contact Tel No.:	_____
Contact E-Mail:	_____

Conditions of Funding

- Abide by the conditions and requirements of Devon's Local Conditions of Early Years Entitlement Funding produced in line with the national Code of Practice for Local Authorities on Delivery of Free Early Years Provisions for 3 & 4 year olds. http://www.devon.gov.uk/local_guidance_2010_11.doc
- Adhere to the principles and practice recommended in the Statutory Framework for Early Years Foundation Stage (EYFS)
- Complete and return the Termly Headcount and Spring Term Census information accurately and by the deadlines set.
- Demonstrate a commitment to Equal Opportunities practice and hold a written Inclusion Policy.
- Allow access to Devon County Council Early Years staff and partner/contracted organisations who offer advice, support, audit EYEF and monitor quality and progress and comply with advice given.
- Complete and return the Workforce Audit to the Early Years and Childcare Service.
- Ensure that the Safeguarding Lead Practitioner/Manager completes the Group 3 Inter Agency Child Protection training - e-learning and one day taught course and - Introduction to Integrated Working - private, voluntary and independent sector only formerly AXS 01.
- Fully cooperate with all aspects of Devon's Learning Journey Transition Document, including information sharing with schools and the Local Authority.

Signed: _____

Name (in BLOCK capitals): _____

Position: _____

Date: _____

**This form MUST be signed by someone from the Management Team – e.g. Owner/Chairperson/Governor
Please return to: EYEF Team, Kingfisher House, Western Way, Exeter, EX1 2DE**