

STAFFORDSHIRE COUNTY COUNCIL

EARLY YEARS FUNDING PAYMENT DETAILS

Section 1: Please complete this section with details of your provider details & address.

*Childminders must only add their own name that is registered with Ofsted.

*Provider Name: _____

Ofsted No(if applicable) _____ Number of weeks open per financial year: _____
(must be at least 38 weeks between 1st Sept and 31st Aug)

Provider Address: _____

Postcode: _____

Telephone: _____

E-mail address: _____

Section 2: Please complete this section with your provider bank account details.

Bank/Building Society name and address:

Account Name: _____

Account Number:

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Sort Code:

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If the provision is school or governor run please provide the school cost centre.

Cost centre:

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1st Signatory _____ 2nd Signatory _____

Print Name: _____ Print Name : _____

To comply with the Terms & Conditions for claiming Early Education Funding the account must be of dual signatory, unless the provider is a sole trader or part of a limited company. If two signatories are not provided when it is applicable we will be unable to set up this account.

Signature: _____ Date: _____
Headteacher/Manager/ Owner

Print Name: _____

Section 3: Please complete if required

CORRESPONDENCE ADDRESS IF DIFFERENT

Address: C/O _____

Postcode: _____

Telephone _____

This form to be returned to:

**Early Education and Childcare
Staffordshire County Council
Staffordshire Place 1, Tipping Street
Stafford
ST16 2LP**