## Disability Access Fund Parent Declaration

The Disability Access Fund is in place to support three and four year old children eligible for Disability Living Allowance (DLA) whilst accessing early education.

Payment is made to 1 provider per 12 month period. This payment is made once Bolton Council has received evidence that the child is in receipt of DLA. After a 12 month period, eligibility will need to be reassessed - it will be possible for parents to select the same, or a different provider to receive the funding at that point.

## Section 1: All applicants

| Child's <br> Forename |  | Child's <br> Surname |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Child's Date <br> of Birth |  | Parents <br> Name |  |  |
| Name of setting that parent <br> would like payment making to* |  |  |  |  |
| Parent signature |  | Date |  |  |

* Please note that there will be 1 payment per 12 month period. After the 12 months has ended, if your child is still receiving DLA you will need to apply again.


## Section 2: Parent declaration - only to be completed if provider is submitting information to Start Well Centre on behalf of parent

If my child is eligible for Disability Access Funding I confirm that am happy for the provider below to submit this declaration / evidence on my behalf to Bolton Council and understand that the provider is responsible for keeping this information secure:

| Parent signature |  | Date |  |
| :--- | :--- | :--- | :--- |

## Section 3: Provider declaration

By submitting this information you are confirming that the information you are submitting to the Start Well Centre represents the full wishes of the parent and that you understand that this, and the DLA Award notice, should be transported securely to the Start Well Centre. Bolton Council takes no liability for the security of information held or transported by any person / organisation who is not a Bolton Council employee.

| Provider name | Name of staff member <br> submitting this to Start <br> Well Centre | Signature | Date |
| :--- | :--- | :--- | :--- |
|  |  |  |  |

## Section 4: Start Well Centre to complete

| Student ID <br> number |  | Date of <br> application |  |
| :--- | :--- | :--- | :--- |

