

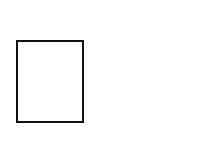
# Early Years Service

**Disability Access Fund Application**

Three- and four-year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child’s early years setting as a fixed annual rate of £938.00 per eligible child.

# Parent Declaration

Is your child eligible and in receipt of Disability Living Allowance (DLA)?1:



Yes No

Which childcare setting would you like the DAF to be paid to? *(If your child is splitting their funded hours across two or more providers please nominate the main setting where the local authority should pay the DAF)*:

|  |  |
| --- | --- |
| **Parent/Carer/Guardian**  **name** *(with legal responsibility for the child)* |  |
| **Address** |  |
| **Contact telephone**  **number** |  |
| **Child Name** |  |
| **Child DOB** |  |

**How we will use the information about you**

**Purpose and legal basis:**

The information provided by you will enable the local authority and the department of Education to process your request and confirm your eligibility for the Disability Access Fund. The legal basis for processing this information is the performance of a task carried out in the exercise of official authority vested in the controller and for the carrying out of our obligations under social protection law.

**Categories of personal data collected:**

Special Category: Data concerning health

**The recipients of personal data:**

* The Local Authority – Torbay Council
* The Department for Education

Information will be shared with and retained by the organisations listed above in order to process your claim and check your eligibility.

**Retention period:**

Torbay Council will keep the information you provide on this form and supporting evidence for 7 years in accordance with our Records Management Policy.

**Your rights:**

To see a copy of the information Torbay Council holds about you please contact [dataprotection@torbay.gov.uk](mailto:dataprotection@torbay.gov.uk) or visit [www.torbay.gov.uk/sar](http://www.torbay.gov.uk/sar)

**Supervisory authority:**

If you are concerned about how your information is being processed you have the right to raise a complaint with the Information Commissioner’s Office, their details are below:

Email: [casework@ico.org.uk](mailto:casework@ico.org.uk) Tel: 0303 123 1113

Website: [www.ico.org.uk](http://www.ico.org.uk/)

**Data Controller:**

The data controller for the information provided on this form is: Torbay Council, Town Hall, Castle Circus, Torquay, TQ1 3DR

**Data Protection Officer:**

Name: Jo Beer

Email: [Dataprotection@torbay.gov.uk](mailto:Dataprotection@torbay.gov.uk) Tel: 01803 207177

I have checked that the details I have provided, including contact details, are correct and have read and understand the privacy information above.

I understand and agree to the conditions set out in this document and I authorise *(name of provider)*

.......................................................................... to claim the Disability Access Fund on behalf of my child.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer/Guardian** *(with legal*  *responsibility for the child)* | | **Childcare Provider** | |
| Signed |  | Signed |  |
| Print name |  | Print name |  |
| Date |  | Date |  |

Please include a copy of the child’s **Disability Living Allowance award letter** as supporting evidence for the entitlement. Applications submitted without this evidence will be returned to the provider.

Please send this form to [earlyyears@torbay.gov.uk](mailto:earlyyears@torbay.gov.uk)