Southampton Early Years Funding





To be eligible:

- A child must have left your EY Setting suddenly without giving a notice period and that parent must have completed a Parent Declaration Form having signed the notice period disclaimer. Please only complete this form to claim the 2 week notice period when a child has left you without giving your full contracted notice period. If a child's parent has honoured the contracted notice period, then you will not be entitled to receive the 2 weeks additional funding to cover the notice period. It is up to you as an EY Provider to decide if you wish to recover any remaining money owed to you by the parent as a result of leaving without giving your contracted notice period.
- Your claim must be received by the Early Years funding team no more than 3 weeks after the child last physically attended your setting.
- You can only claim for the child's Early years funded hours you cannot claim for any additional hours funded by the parent.

Notes

- Please return this form via Provider Portal / File Upload and email fis@southampton.gov.uk to let us know that your claim has been made. Alternatively, you can send the form via secure email. It must not be sent by normal email as it contains confidential information.
- The EY Funding team will let you know of the outcome of your claim within 10 working days.
- You may be asked to provide more information if the parent contests your claim.
- The decision of the Early Years Management Team on all claims will be final.

| Provider Name (Your setting name) | |
|---|--|
| Child's Full Name | |
| Child's DOB | |
| Have you a signed Parent Declaration form | |
| for this child? | |
| Last date the child was physically at your | |
| setting | |
| Number of EY Funding hours the child | |
| claims per week | |
| Have you tried to contact the child's | |
| parent? | |
| What reasons (if any) did the parent give for | |
| leaving the setting without giving your | |
| contracted notice period? | |
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| Which provider has the child moved on to? | |
| (if unknown please leave blank) | |