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| Logo  Description automatically generated**Application for Disability** **Access Funding**  |
|  |
| **Provider Name:** |  |

**If your child is attending more than one provider please complete this form for the provider that you would like to receive the Disability Access Funding (DAF)**

**Child’s Details** (to be completed by the parent/carer)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **First Name** | **Middle Name(s)** | **Last Name** |
| **Legal Name:** |  |  |  |
| **Date of Birth:** |  | **Gender:** | Male / Female |
| **A copy of the Disability Living Allowance (DLA) award notification covering the period for which you wish to claim the DAF is attached:** | Yes/No |

We [**state name of provider**] are collecting your personal data to email securely to The City of London Corporation Education and Early Years Service for the purposes of claiming DAF. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed [**state where this can be located or provide hyperlink**] and https://www.cityoflondon.gov.uk/footer/privacy-notice

Please confirm that you give your consent to us collecting your personal data by completing the table below.

|  |
| --- |
| **Signed:** |
| **Print name:**  |
| **Date of consent:** |

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact [**details of the provider]** who will in turn contact the City of London Education and Early Years Team.

If you wish to exercise any of your rights under the General Data Protection Regulations, please contact the Data Protection Officer [**insert provider name and contact information**].