

Application for Disability Access Funding



Provider Name:

Chudleigh preschool

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:			
Chosen 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 (Chudleigh preschool) are collecting your personal data to email securely to Devon County Council's Early Years and Childcare 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 by request and the [Devon County Council 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 Chudleigh preschool who will in turn contact the Early Years Funding Helpdesk at Devon County Council.

If you wish to exercise any of your rights under the General Data Protection Regulations, please contact the Data Protection Officer (Zoe Roseway)

This form can be completed electronically by the parent and returned to chudleighpreschool@outlook.com