**Annex 3**

**Declaration:**

Please sign below to indicate that you agree to the following:

* I/we wish to be registered as a provider of the 30 hour childcare offer in Neath Port Talbot.
* I/we have read and understood the 30 hour childcare criteria and I/we meet all the eligibility requirements.
* I/we have read and agree with the Data Protection Statement and Welsh Governments Privacy Notice.
* I/we agree to meet all requirements set out in the Provider Guidance document.
* I/we agree to provide a copy of the contract between ourselves and any parent accessing the childcare offer.

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| --- |
| Childcare Provider (Business Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Main Point of Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Main Contact Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Type of Childcare (please tick one) | 🞏 Childminder 🞏 Full Day 🞏 Out of School 🞏 Sessional 🞏 Wraparound |
| Language medium (Please tick One) | 🞏 Welsh Medium childcare 🞏 Bilingual childcare🞏 English Medium with some Bilingual 🞏 English Medium childcare |
| Number of registered places:  | CIW Registration Number: |
| Name of Authorising Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Signing / / . |

Please return your agreement by post to:

Childcare Offer Team, NPT Family Information Service, Ffrwdwyllt House, Commercial Road,

Taibach, Port Talbot SA13 1PZ

Or alternatively you can email childcareoffer@npt.gov.uk