Parental/carer agreement for a school-aged childcare inclusion funding (SACIF) request

This is to be retained by the provider, securely, and does not need to be sent to the local authority. Please provide a copy for parent/carers.

Setting name	
Child name	
Child's date of birth	

Declaration

In signing this form, I am confirming that I am in agreement with the application for SACIF to be sent to the local authority. The provider has explained the reasons why they feel this is required to support my child.

I have read the SACIF request form, and I am happy for this to be submitted to the local authority to process the application.

Data protection:

The local authority collects your/your child's details to process the application for the funding.

All SACIF requests and data are stored securely and maintained in accordance with the Data Protection Act.

The local authority may use data relating to SACIF to analyse the impact and use of public funds.

Further information about how we collect and use data, and your rights around this, can be found at Privacy statement | Cambridgeshire County Council.
Our Data Protection Officer can be contacted by telephone on 01223 699 137 and email data.protection@cambridgeshire.gov.uk.

If you have concerns about how the setting is meeting your child's special educational needs or disabilities (SEND), please discuss this with the setting. If you remain concerned about the response the Early Years SEND team can be contacted at ey.send@cambridgeshire.gov.uk.

Signature of parent/carer with legal responsibility	
Name	
Relationship to child	
Date	

Providers must retain this parental agreement form and make it available to the local authority if requested.