**CHILDREN TRANSFERING PROVIDERS MID-TERM**

**To be completed by the existing provider:**

|  |  |
| --- | --- |
| **Section 1: Child’s Details** | |
| Legal Surname/Family Name: | Legal Forename (s): |
| Name by which child is known, if different: | Child’s Date of Birth: |

**Section 2: Existing Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| **EXISTING PROVIDER NAME:** | **EXISTING PROVIDER ADDRESS:** | **CONTACT DETAILS** | **ANTICIPATED END DATE:** |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **REASON FOR TRANSFER** |  |
| Unexpected relocation in Sheffield (e.g. fleeing domestic abuse, interim accommodation in another area of the city following homelessness) | Yes / No |
| As a result of child protection the child is placed in the care of others such as foster care | Yes / No |
| Change of family circumstances (e.g. relocation due to job change) | Yes / No |
| Changing shift/work pattern | Yes / No |
| Other |  |

**Existing Provider’s Declaration**

**Name (Please print)**

**Signed Date**

On completion of this form, a copy must be retained for your records and a copy shared with the new provider.

**For the Parent / Carer:**

If you have accessed FEL/EFE at any other Provider for your child named above, you must declare it to your **new Provider if not you may be liable for any double funded claims made on the child’s behalf**.

**To be completed by the new Provider:**

It is the responsibility of the new provider to ascertain that the child is not in breach of any Parent/Carer Agreement with the previous Provider. This only applies to existing children accessing FEL/EFE in Sheffield.

**Section 3: New Provider Details**

|  |  |
| --- | --- |
| **New Provider Name:**  **START DATE:** | **New Provider Address:**  **Postcode:** |

|  |  |  |
| --- | --- | --- |
| **Checks** |  | **Total** |
| FEL/EFE hours taken in the child’s Funding Year checked? | Yes / No |  |
| Number of sickness occurrences, in the Funding Year checked? | Yes / No |  |
| Number of holidays taken in the Funding Year checked? | Yes / No |  |
| Satisfied the notice period has been met? | Yes / No |  |
| Has an agreement been made with the previous provider to waive the 4 weeks notice period with previous Provider? | Yes / No |  |
| New Parent/Carer Agreement Completed | Yes / No |  |

**New Provider’s Declaration**

**Name (Please print)**

**Signed Date**