

## Disability Access Fund Claim

### Disability Access Fund (DAF)

Three and four year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £615 per eligible child. Children in receipt of DAF will be eligible where they take up any period of free entitlement and it can be claimed at any point in which a child takes up their entitlement.

Providers are responsible for identifying eligible children and should speak to parents in order to find out if they are eligible for the DAF.

**Step 1** - Providers should use their Wizard account and the declaration form on the back of this document, which asks parents for the necessary information for a range of early years funding, including DAF.

**Step 2** - The Authority will require a copy of the child's disability living allowance (DLA) award letter. Providers should obtain a copy from eligible parents and provide it to the Authority as proof of eligibility.

**Step 3** - Copies of award letters and declaration forms should then be uploaded via the DAF application module in your Wizard account <https://earlyyears.northumberland.gov.uk/eligibilitychecker/>. Step-by-step guidance on how to submit an application is included in this document.

If you require any advice or guidance please contact Julie Beattie Early Years Inclusion Consultant [julie.beattie@northumberland.gov.uk](mailto:julie.beattie@northumberland.gov.uk) or Jeannie Bailey [jeannie.bailey@northumberland.gov.uk](mailto:jeannie.bailey@northumberland.gov.uk)



## Step-by-Step Guidance

1. Log into your Wizard account and select 'DAF Claim' from the menu.

A screenshot of a user account menu. The menu items are: Logout, Change Password, Eligibility Checker (30Hrs), 30Hrs Entitlement Summary, Interim Claim, DAF Claim (highlighted in orange), Funding Breakdown, Code of Practice, and Provider Agreement. A tooltip for 'DAF Claim' reads 'Claim a Disability Access Fund payment'.

2. Enter the child's Name, DoB and Address then press next. **Please ensure all details are correct.**

A screenshot of the 'Disability Access Fund' form. The page title is 'Education - Early Years' and the main heading is 'Disability Access Fund'. There is a link 'Return to The Wizard'. The text reads: 'About the Disability Access Fund: Children aged three and four who are in receipt of child Disability Living Allowance and are receiving funded entitlement are eligible for the Disability Access Fund. The Disability Access Fund is paid to the child's early years provider as a fixed annual rate of £615 per eligible child.' The form is titled 'Step 1 of 2 - Enter details' and includes fields for: Child's First Name, Child's Middle Name(s), Child's Surname, Child's Date of Birth (format dd-mm-yyyy), House Name/Number, Postcode, and a 'Lookup Address' button. Below these is a 'Selected Address' field. Further down are a 'Provider' dropdown menu, a 'Contact ID Code' field (with '432' entered), a CAPTCHA 'I'm not a robot' checkbox, and 'Next' and 'Reset' buttons. A note states '(Evidence is uploaded on the next page)'.



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3. Choose the evidence you would like to upload from your computer files. You will need to upload a full signed Parent Declaration form (found at the back of this document) and evidence that the child is in receipt of Disability Living Allowance (DLA). **Please note - Evidence must be uploaded as a JPEG, the system does not accept PDF.**
4. Once you have chosen your evidence, you must click the upload button for each piece of evidence or your evidence will not be recorded.

**Education - Early Years**

## Disability Access Fund

**Step 2 of 2 - Upload Evidence**

Please upload the parental declaration and evidence the child is in receipt of disability living allowance (DLA). Select and upload your files individually then click Finish.

Select file  
(Max. 5 images each under 5MB)

Choose File | DAF TEST.jpeg

Tick the reCAPTCHA box

I'm not a robot

Upload the selected file

Upload

Once all evidence is uploaded

Finish ✓

5. Once you have selected the upload button, the system will list the evidence you have successfully uploaded.

**Education - Early Years**

## Disability Access Fund

**Step 2 of 2 - Upload Evidence**

Please upload the parental declaration and evidence the child is in receipt of disability living allowance (DLA). Select and upload your files individually then click Finish.

Select file  
(Max. 5 images each under 5MB)

Choose File | No file chosen

Tick the reCAPTCHA box

I'm not a robot

Upload the selected file

Upload

You have added 1 file(s) successfully. You can browse to add another file or continue to submit the claim.

Uploaded File(s):

DAF TEST.jpeg

Once all evidence is uploaded

Finish



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- Once you have uploaded all relevant pieces of evidence, click finish to submit your application. **Please Note - You must upload every piece of evidence before you click Finish. You can not go back into an application which has already been submitted.**
- A green bar will appear at the top of screen informing you a claim has been successfully submitted.

**Education - Early Years**

**Claim submitted successfully. (ID:151)**

## Disability Access Fund

**About the Disability Access Fund**  
Children aged three and four who are in receipt of child Disability Living Allowance and are receiving funded entitlement are eligible for the Disability Access Fund. The Disability Access Fund is paid to the child's early years provider as a fixed annual rate of £615 per eligible child.

**Step 1 of 2 - Enter details**

Child's First Name	<input type="text"/>
Child's Middle Name(s)	<input type="text"/>
Child's Surname	<input type="text"/>
Child's Date of Birth	<input type="text" value="dd-mm-yyyy"/>

Child's Main Address	<input type="text" value="House Name/Number"/>
	<input type="text" value="Postcode"/>
	<input type="button" value="Lookup Address"/>
Selected Address	

Nominated provider to receive DAF payment	<input type="text" value="~DEMOPROVIDER~ (9999999)"/>
Your First Name	<input type="text"/>
Your Surname	<input type="text"/>

I'm not a robot

(Evidence is uploaded on the next page)



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### Parent Declaration for 2, 3 and 4 Year Old Entitlement

#### 1. Child's details

<b>Child's Legal Family Name:</b>		<b>Child's Legal Forename(s):</b>	
<b>Name by which the child is known (if different from above):</b>			
<b>Date of Birth:</b>		<b>Male/Female:</b>	
<b>Address:</b>		<b>Post Code:</b>	
<b>Documentary proof of DoB Type</b> (e.g. Birth Certificate, Passport):		<b>Document recorded by</b> (name of staff member):	
<b>Date document recorded</b> (dd/mm/yyyy):			

#### 2. Additional details for children claiming 30 hours free childcare

<b>Parent/carer National Insurance Number</b>		<b>30 hours eligibility code:</b> (e.g. 12345678912)	
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#### 3. Setting and attendance details

- You need to agree and complete this declaration form with each setting your child attends for their early education entitlement of 15 or 30 hours per week in order to ensure that funding is paid fairly between them.
- Your child can attend a maximum of two sites in a single day and if your child attends more than 1 setting we will split the funding fairly between the settings.

<b>Setting Name(s)</b>	<b>Please enter total free entitlement hours attended per day</b>					<b>Total number of hours per week</b>	<b>Number of weeks per year (e.g. 38, 45, 51)</b>
	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>		
<b>A</b>							
<b>B</b>							
<b>C</b>							
<b>Total Daily Free Hours Attended</b>							



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## 4. Early Years Pupil Premium (EYPP) Registration Form

The Early Years Pupil Premium (EYPP)<sup>4</sup> is an additional sum of money paid to childcare providers for children of families in receipt of certain benefits (please see web address in footnote). This funding will be used to enhance the quality of their early years experience by improving the teaching and learning and facilities and resources, with the aim of impacting positively on your child's progress and development. For more information please speak to your childcare provider.

If you believe that your child may qualify for the EYPP please provide the following information for the main benefit holder to enable the Authority to confirm eligibility:

<b>Parent/carer First Name</b>		<b>Parent/carer Surname</b>	
<b>Parent/carer Date of Birth</b>		<b>Parent/carer National Insurance Number/NASS Number</b>	

## 5. Disability Access Fund Declaration

Three- and four-year old children who are in receipt of child Disability Living Allowance and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting as a fixed annual rate of £615 per eligible child.

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4. <https://www.gov.uk/guidance/early-years-pupil-premium-guide-for-local-authorities>

**Is your child eligible and in receipt of Disability Living Allowance (DLA)?:**

Yes                       No

**If your child is splitting their free entitlement across two or more providers please nominate the main setting where the local authority should pay the DAF:**

### Data protection, privacy and data sharing

By signing below, I agree and consent that the information I have provided above can be shared with Northumberland County Council and the Department for Education. They will access information from other government departments to confirm my child's eligibility and enable this early years setting to claim Early Years Pupil Premium (EYPP) or Disability Access Fund (DAF) on behalf of my child. I acknowledge that, where my child moves to a new setting, the above information can also be shared with them.



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I understand that this personal information is held securely and will be used to ensure that this setting receives the statutory funding from the Council which it is eligible for. My eligibility for funding and any change to that eligibility will be shared with this setting. I understand that my consent to this information sharing can be withdrawn at any time, by contacting the setting and the Council.

If you want to see a copy of the information this setting holds and shares about you then please contact us. Further information regarding how the Council will use the information shared with them can be found on the “Early Years Education” section of their website:

<http://www.northumberland.gov.uk/About/Contact/Information.aspx#privacynoticesdataprotectionforschoolsotherchildrensservices>

**Declaration I (Name)** .....

**of (Address)** .....

confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise:

(Name of Provider/s) .....

.....

to claim free entitlement funding as agreed above on behalf of my child.

Parent/Carer/Guardian with legal responsibility		Childcare Provider	
Signed		Signed	
Print Name		Print Name	
Date		Date	