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| --- | --- | --- |
|  | **Change of Hours Only**  **Activity Led Funding in the Early Years** |  |

**Section A – Child’s Details**

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of Birth |  |
| Address & postcode |  |
| Telephone / mobile |  |
| Parent/Carer |  |
| Early Years Setting & address |  |
| Telephone number |  |
| Email address |  |
| Current hours of attendance at your setting |  |
| NEW hours |  |
| Date first received ALFEY for this child |  |
| Date of ALFEY panel for this application change to be considered |  |
| Request made by |  |

**Parent Consent**

* I give consent for this application to the ALFEY Panel to help support the needs of my child in their early years setting. I confirm that I have been involved in the completion of this form and I am happy that any relevant information is shared with members of the ALFEY Panel.

All panel members will follow the guidance from Torbay Council that clearly sets out processes and principles for sharing information internally and with third parties. The ALFEY Panel is made up of the following members:

* Advisory Teacher for Early Years Inclusion (Chair);
* Senior Early Years Advisory Teacher;
* Finance & Business Officer, Early Years;
* Business Support Officer SEN;
* Early Years Practitioner from a Torbay EY setting (voluntary) x 2

|  |  |
| --- | --- |
| **Parent / Carer Signature:** (There **must** be a signature) | |
|  | Date |

Send this form to:

Advisory Teacher for Early Years Inclusion,

Torbay Council,

Tor Hill House,

Union Street,

TORQUAY, TQ2 5QW

Tel 07789 923 782

[Judith.thomas@torbay.gov.uk](mailto:Judith.thomas@torbay.gov.uk)