**Suffolk County Council Provider Portal User Pro Forma (Schools)**

* This form must be used to apply for an account to use the Suffolk County Council Provider Portal.
* It will allow the School registered user to claim Early Education Funding for eligible 2 year olds and 3 & 4 year olds
* There can be only **one** registered user for each school.

**This form must be completed electronically and submitted via email to** [**provider.portal@suffolk.gov.uk**](mailto:provider.portal@suffolk.gov.uk)**. Handwritten forms cannot be accepted.**

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| **DECLARATION:** | | | | **I agree** |
| **By entering the information below I understand that:**   * **I will be the sole user of the Provider Portal account for my setting.** * **I will not share my login information with any other person.** * **I will not access the Provider Portal using a shared email address.** | | | |  |
|  | | | | |
| **SCHOOL DETAILS** | | | | |
| **School Name:** |  | | | |
| **School Number:** |  | | | |
| **School Address:** |  | | | |
| **School Postcode:** |  | | | |
| **School Contact Telephone Number:** |  | | | |
|  | | | | |
| **SCHOOL USER DETAILS** | | | | |
| **Title:** |  | **First Name:** |  | |
| **Last name:** |  | | | |
| **Users Unique Email Address:**  [This must not be a shared email account] |  | | | |
| **Users Direct Contact Telephone Number:** [In event query with your claim, we may call you] |  | | | |

**THIS SECTION IS FOR SUFFOLK COUNTY COUNCIL OFFICE USE ONLY**

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| **OFFICE USE ONLY** | | | |
| **Logged by:** |  | **Date Form Received:** |  |