This form can be used to leave Suffolk County Council’s List of Providers.

This means you will no longer offer funded early education entitlement to all 3 & 4 year olds and eligible 2 year olds.

**This form must be completed electronically and submitted via email to** **childcare.planning@suffolk.gov.uk****. \*\*Handwritten forms cannot be accepted.**

|  |  |
| --- | --- |
| **SECTION 1:**  | **Select to agree** |
| I would like to be permanently removed from Suffolk County Council’s List of Providers. | [ ]  |
| I understand that this means I can no longer offer funded Early Education for 3 & 4 year olds and eligible 2 year olds.  | [ ]  |
| I confirm that I understand that any overpayment I have received will need to be repaid to Suffolk County Council. | [ ]  |
| **DECLARATION –I am authorised to make this request on behalf of my organisation. I understand that my email will act as evidence of request date and electronic signature once I have submitted this form.** |
| **Your Full Name:** |         |
| **Your Job Title:** |       |
| **Ofsted Registered Name of Childcare Provision:** |        |
| **Ofsted Unique Reference Number (URN):** |       |
| **Your Contact Telephone Number:** |       |
| **Date for removal from LoP:** |       |
|  |
| **SECTION 2: ADDITIONAL COMMENTS** |
| **Please tell us to why you have chosen to be removed from the List of Providers?**For example, Are you closing your business?If you are a childminder, are you stopping childminding? |
|        |

**BELOW IS FOR SUFFOLK COUNTY COUNCIL OFFICE USE ONLY**

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| --- |
| **FAMILY INFORMATION SERVICE USE ONLY** |
| **FIS Operator Initials:** |        | **Date Form Received:** |        |
| **InfoLink Contact ID:** |       |
| **Cluster:** |       |
|  |
| **EARLY YEARS AND CHILDCARE CLUSTER USE ONLY** |
| **Call Made By:** |       |  **Date of Call:** |        |
| **Outcome of Call:** |
| Are they closing their business [ ] Have they informed Ofsted [ ] Any other information to be recorded.      |
| **Confirmed removal date from LoP:** | DD/MM/YYYY       |
|  |
| **EYCS FINANCE USE ONLY Date and initial to confirm**  |
| **Portal Account Locked Date:** |        | **Initials of staff member:** |        |
| **Check for overpayment** |       | **Request account closed with payments team.** |       |
|  |
| **FAMILY INFORMATION SERVICE ONLY (date and initial to confirm)** |
| **OO visibility permissions set at admin access only:** |       | **OO User manager tags removed:** |       |
| **OO Add admin note to record all changes:**  |       | **Ofsted feed received:** |       |
| **Email sent to inform relevant colleagues:** |       | **OO Account archived:** |       |