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**](mailto: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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | |  |