This is the Link you will receive. Click on Review Document.

Please find enclosed the WCC Provider Agreement 24/25 to be completed via DocuSign. Please note the following important points concerning completion of the document:

Please DocuSign: WCC Prov	vider Agreement 21-22.pdf	
	Mandy Bell - TEST sent you a document to review and sign.	
	Bell - TEST Dell@warwickshire.gov.uk	
Please 1. F the full a 2. C	Find enclosed the WCC Provider Agreement 21/22 to be completed via DocuSign. note the following important points concerning completion of the document: Please ensure that you provide in full all the details requested on page 1 including address of the setting. On page 21, setting Ofsted is your last inspection outcome e.g. Good,	
3. II 4. C leave bl 5. T agreem	nding etc nspection date is the date you had your last inspection. Check boxes for the funding you offer. Please choose either yes or no, do not lank. The signature on page 21 must be YOUR NAME as the person signing the ient, and not the name of the school/nursery/etc. Position' is your job title	

This screen will appear, and you can read the message sent with the document.

D.Setting Mobile Contact Number - The mobile number emergency contact. Contact Fmail Address - This email address will be us	will be used for deadline reminders, updates and for out of hours		
example, the manager or deputy. 3. Full Address of setting - Please ensure that you provit . Ofsted URN - Your unique reference number issued to Setting Telephone Number - This number will be used	you by Ofsted and found on your registration certificate. as the main contact number for the setting.		
concerning completion of the document: Page 1 I.Name of Setting – Registered name of setting.			
		Í	

Then click on CONTINUE

This screen will appear. If you are a Childminder, then the position box on row 2 will be prepopulated as pictured. You will then need to populate all of the red boxes with required information.

wiew the documents below.								OTHER AC
		ର୍ ପ	∓. ఆ	F 3				
START	DocuSign Envelope ID: 03A8F8C9-682D-	D2E-94AF-71053BF	NS Warwi	PROVIDED B	Suite 1700 · Seattle ·	NLY E SIGNING SERVICE Washington 98104 - (7	06) 219-0200	
	Name of Setting:	Name of Settin	9				1	
	Name & Position of Main Contact:	Contact Name		Childminder				
	Full Address of Setting:	Setting Address	3					
	Ofsted URN:	Ofsted URN			┱━━┹			
	Setting Telephone Number*:	Setting / Contac	t Primary numbe	r]		
	Setting Mobile Contact Number**:	Contact's Mobil	e - Alternate nun	iber / SMS Messag	ng			
	Contact Email Address*:	This must be m	ain contact emai	address to be used	for funding		1	
	"This will be used as the r Early Years Funding Tean " The mobile number will	, Early Years Bus	siness Support,	Early Years Adviso	ry Team and FIS.	ncy contact.		
	All Providers must ha Education and Childo requirements.							
	The additional conditio information is required and to meet the auditin	to ensure that t	the funding is	spent in accorda	nce with the Sta			
	As a condition of Ear owner, or the person					ires the setting		

If you are a Nursery/Pre school, you will need to complete this box with eg Manager/Owner as applicable.

START		Warwickshire	
	Name of Setting: Name & Position of Main Contact: Full Address of Setting:	Name of Setting Contact Name Contact Position Setting Address	
	Ofsted URN: Setting Telephone Number*: Setting Mobile Contact Number**: Contact Email Address*:	Ofsted URN Setting / Contact Primary number Contact's Mobile - Alternate number / SMS Messaging This must be main contact email address to be used for funding	

Please ensure that you provide in full all the details requested on page 1 including the full address including postcode of the setting.

Envelope ID: D336FB16-DBE	RE)		GN ONLINE SIGNING SERVIC • Seattle • Washington 98104 •
Name of Setting:	Mandy Bell		
Name & Position of Main Contact:	Mandy Bell	Manager	
Full Address of Setting:	16 Church Lane Nuneaton CV10 2XX		
Ofsted URN:	EY222000		
Setting Telephone Number*:	02476 000222		
Setting Mobile Contact Number**:	07888 888888		
Contact Email Address*:	mandybell@warwickshire	.gov.uk	
Early Years Entitlements		r ALL communications by: upport, Early Years Advisory Te rs, updates and for out of hours	
** The mobile number wi		rs, updates and for out of hours	s emergency contact.

Page 1

1.Name of Setting – Registered name of setting.

2.**Name and position of main contact** – This should be a person in the setting who is the main first point of contact. For example, the manager or deputy. As a Childminder this will be your name and your position is Childminder.

3. **Full Address of setting** - Please ensure that you provide the full postal address including postcode.

4.Ofsted URN - Your unique reference number issued to you by Ofsted and found on your registration certificate.

5. **Setting Telephone Number** - This number will be used as the main contact number for the setting.

6.**Setting Mobile Contact Number** - The mobile number will be used for deadline reminders, updates and for out of hours emergency contact. SMS messaging.

7.**Contact Email Address** – This email address will be used for all communications from Early Years Funding Team, Early Years Business Support, Early Years Advisory Team and FIS.

Page 21

Setting Ofsted or Childminder Agency Grading – This should be the most recent Ofsted inspection outcome you have received. For example, Good, Outstanding etc. In the case of an agency Childminder, add the outcome grading for the agency or your own once the agency have inspected you. If you are still waiting for your inspection add "Awaiting"
 Inspection Date – This should be the date of your most recent Ofsted Inspection. In the case of an agency Childminder, add the date the agency was inspected or your own once the agency have inspected you. If you are still waiting for your inspection add "Awaiting"
 Early Education Funding to be offered - Please tick either Yes or No to each (note requirements).

11. **2 Year Old Funding – Disadvantaged 2 Year Olds Entitlement** - Good / Outstanding Childminders only or newly registered without grading. Tick either yes or no.

12. **3 & 4 Year Old Funding – Universal Entitlement -** Requires Improvement / Good / Outstanding Childminders only or newly registered without grading. Tick either yes or no.

13. **30 hour Working Parent Entitlement for 3 & 4 Year Olds** - Requires Improvement / Good / Outstanding Childminders only or newly registered without grading. Tick either yes or no.

14. From April 2024, 15 hour Working Parent Entitlement for 2 Year Olds - Requires Improvement / Good / Outstanding Childminders only or newly registered without grading. Tick either yes or no.

15. From September 2024, 15 hour Working Parent Entitlement for children aged 9 months - Requires Improvement / Good / Outstanding Childminders only or newly registered without grading. Tick either yes or no.

Setting Ofsted or Childminder Agency Grading:		Inspection Date:		
Early Education Funding to be off (Please tick relevant boxes and note red		•	Yes	No
2 Year Old Funding - Disadvantag (Good / Outstanding providers only or n				
3 & 4 Year Old Funding - Universa (Requires Improvement / Good / Outsta without grading)		ewly registered		
30 hour Working Parent Entitleme (Requires Improvement / Good / Outsta grading)				D
From April 2024, 15 hour Working (Requires Improvement / Good / Outsta without grading)				Ĺ)
From September 2024, 15 hour W aged 9 months (Requires Improvement / Good / Outsta without grading)	-			

Setting Ofsted or Childminder Agency Grading:	Good	Inspection Date:	21.10.	21
Early Education Funding to be of (Please tick relevant boxes and note re			Yes	No
2 Year Old Funding - Disadvanta (Good / Outstanding providers only or i				
3 & 4 Year Old Funding - Univers (Requires Improvement / Good / Outsta without grading)		ewly registered		
30 hour Working Parent Entitlem (Requires Improvement / Good / Outsta grading)				D
From April 2024, 15 hour Working (Requires Improvement / Good / Outsta without grading)				Q
From September 2024, 15 hour W aged 9 months (Requires Improvement / Good / Outsta without grading)				

16.**Signed (DocuSign)** – Setting owner, or the person responsible for the setting, to sign the agreement. Or if a Childminder, being the person responsible for the setting, to sign the agreement.

17.**Position** – Post held by the person completing the form, for example, manager, owner or Childminder.

18 **Print Name** – Clearly print the name of the person completing the form.

19.**Date** – This will be prepopulated with the date at the time of completion.

20.Name of Setting - Registered name of setting.

I confirm the s	setting has put in p	place the requirements	to access Early Education
Funding.	Since		
Signed:	sign	Position:	
Print Name:		Date:	07-Feb-2024 15:09 GM

e disadva		tlement, provider de	rs of all delivery types that offer tails and contact information will igible families.
ithdrawal o greement, mescale.	of funding should the s or to make required alt	etting fail to meet th erations to its arrang	e action which may result in the requirements set out in this gements within the notified
confirm the unding.	e setting has put in pla	ce the requirements	to access Early Education
igned:	DocuSigned by: MBell FTUCA886534184FU	Position:	Manager
rint Name:	Mandy Bell	Date:	07-Feb-2024 15:12 GMT
	Mandy B	e]]	

If you want to add a different signature, left click over the signature and then click on Change.

	grading)
	I understand that as a consequence of receiving Early Education Funding I will be required to comply with all requirements relating to the auditing and monitoring of childron accessing funding in this setting. For providers of all delivery types that offer funded 2 year old places, provider details and contact information will be included within delivery lists that are shared with eligible families.
	I understand that Warwickshire County Council will take action which may result in the withdrawal of funding should the setting fail to meet the requirements set out in this agreement, or to make required alterations to its arrangements within the notified timescale.
	I confirm the setting has put in place the requirements to access Early Education Funding.
FILL IN	Signed: Position:
	Print Name: Change Date: 24-Jun-2022 12:25 BST
	Name of setting: Clear

This box will appear. This shows saved signatures.

+ ADD				
Finley Jones	Finley Jones		Edit	×
O Mandy Bell - TEST	DocuSigned by: MBLL F10CA8863A184F0	B	Edit	×
O Paul Jones	Paul Jones FIOCABBESATBAFO		Edit	×

Tick other signature, click on "Adopt" and insert another signature.

To add a new signature not yet used, click on +ADD. This box appears allowing you to then type in Full Name* & Initials* of the new name you want to add.

This allows you to "Select Style" where you can use different fonts and type in your name, "Draw" if you have a touch screen and can draw your own onto the screen, or "Upload" which allows you to upload a signature you have saved, from your browser.

Confirm your name, initials, and sigr	nature.		
* Required			
Full Name*		Initials*	
Finley Jones		FJ	
	DS		
DocuSigned by:			
Finley Jones	FJ		

Click on ADOPT AND SIGN and then REPLACE, then new signature should now be in place.

Adopt Your Signa	Replace Signed Fields	
Confirm your name, initials, an * Required	Adopting a new signature replaces all previously signed fields with the new signature. Do you want to replace the signed fields in this envelope?	
Full Name* Finley Jones	REPLACE CANCEL	
SELECT STYLE DRAW	/ UPLOAD	
PREVIEW		Change Style
Finley Jones	DS	

Funding.	DocuSigned by:		
Signed:	Finley Jones	Position:	Manager
Print Name:	Mandy Bell	Date:	07-Feb-2024 15:12 GM
Name of sett	Mandy Be	11	

If you click on draw, you can then sign in the box using your cursor as a pen to sign.

efirm your name, initials, and signature.	
leguied	
8 Name'	Initials'
dandy Bell	MB
LECT STYLE DRAW UPLOAD	
AW YOUR SIGNATURE	c
M. Bold	

Or you can click on UPLOAD if you have a saved written signature.

Once you are satisfied that all requested information is completed correctly, click on FINISH.

If you have not completed any of the required boxes correctly, the form will go back to the ones that need to be corrected.

When all areas are correct this message will appear to let you know that you can then submit again, so click on FINISH again.

3 & 4 Year Old Funding - Universal Entitlement (Requires Improvement / Good / Outstanding providers only or newly registered without grading)	۲	0
3 & 4 Year Old Funding – Extended Entitlement (Requires Improvement / Good / Outstanding providers or newly registered without grading)	۲	Ö
to comply with all requirements relating to the auditing and monitoring a accessing funding in this setting. For providers of all delivery types that year old places, provider details and contact information will be include lists that are shared with eligible families. I understand that Warwickshire County Council will take action which m withdrawal of funding should the setting fail to meet the requirements s agreement, or to make required alterations to its arrangements within th timescale. I confirm the setting has put in place the requirements to access Early E Signed: Finley Jones Print Name: Print Name: Date: Discussion Pring Dong Pre school	offer fund d within d ay result et out in the notified ducation	ded 2 lelivery in the his Funding.
Name of setting: Ding Dong Pre school]	

You will see this message

DocuSign
You've finished signing!
You'll receive an email copy once everyone has signed.
Upgrade to unlock templates, bulk send, and more. Collect more signatures and securely store all your agreements with a Occusign paid plan.

Your completed Provider Agreement will automatically be sent to my email box where I can check if the document is completed correctly. You should also receive a copy for your records.

If there is a problem with the submitted document, I will contact you and I may have to resend you the document to be completed again.

For any queries, please contact Mandy Bell - Tel: 01926 742633
Email: earlyyearsadmin@warwickshire.gov.uk