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 Provider Agreement 21-22.pdf	
Mandy Bell - TEST sent you a document to review a	and sign.
Mandy Bell - TEST mandybell@warwickshire.gov.uk	
Dear Provider Please find enclosed the WCC Provider Agreement 21/22 to be com Please note the following important points concerning completion of 1. Please ensure that you provide in full all the details requested the full address of the setting. 2. On page 21, setting Ofsted is your last inspection outcome e	npleted via DocuSign. f the document: d on page 1 including .g. Good,
Outstanding etc 3. Inspection date is the date you had your last inspection. 4. Check boxes for the funding you offer. Please choose either leave blank. 5. The signature on page 21 must be YOUR NAME as the pers agreement, and not the name of the school/nursery/etc. 6. 'Position' is your job title	yes or no, do not on signing the

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

Average of the person responsible for the setting, it is included outling yournel requires the defining important points concerning completion of the document: I.Name of Setting – Registered name of setting. Name and position of main contact – This should be a person in the setting who is the main first point of contact. For	e, the manager or deputy. Address of setting - Please ensure d URN - Your unique reference no ng Telephone Number - This numl	re that you provide the full po umber issued to you by Ofs ber will be used as the main	estal address including postcode. ted and found on your registration certificate contact number for the setting.			
when or the person responsible for the setting, to sign this agreement. Please note the following important points concerning completion of the document: <sup>2</sup> age 1. Name of Setting – Registered name of setting.	and position of main contact – T e, the manager or deputy.	This should be a person in t	ne setting who is the main first point of cont	ict. For		
where or the person responsible for the setting, to sign this agreement. Please note the following important points ioncerning completion of the document:	of Setting - Registered name of	f setting.				
a a contanion of Lary Execution in analy, Harmonian o county ocontain require a no assung	ning completion of the document	t setting, to sign this agreem t:	ent, mease note the following important pol	11.5		
a condition of Early Education Funding, Wanvickshire Council requires the setting	ndition of Early Education Fundin	ng, Warwickshire County Co	uncil requires the setting	te.		

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.

shew the documents below.								OTHER AC
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START	DocuSign Envelope ID: 03A8F8C9-682D-	D2E-94AF-71053BF	Warwi	DEMONSTRA PROVIDED B 999 3rd Ave, 3 www.docusign ckshire Council	TION DOCUMENT C Y DOCUSIGN ONLIN Suite 1700 • Seattle • Loom	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	nain contact for ti n, Early Years Bus be used for dead	he setting for AL siness Support, lline reminders,	L communications Early Years Adviso updates and for ou	by: ry Team and FIS. t of hours emerge	ncy contact.		
	All Providers must ha Education and Childo requirements.	ive regard to t are issued by	he Statutory the Departm	Guidance for Lo ent for Educatio	cal Authorities n and follow th	s: Early nese		
	The additional conditio information is required and to meet the auditin	ns that Warwick to ensure that t g requirements	kshire County the funding is s of Warwicksh	Council has laid spent in accorda ire County Cour	down are detail nce with the Sta cil.	ed below. This tutory Guidance		
	As a condition of Ear	ly Education F	unding, War	vickshire Coun	y Council requ	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	Ofsted URN Setting / Contact Primary number Contact's Mobile - Alternate number / SMS Messaging This must be main contact email address to be used for fundion	

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. DOJOF D 10-DBEL	War Cour	999 3rd Ave, Suite 1700 www.docusign.com wickshire nty Council	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		4
Setting Telephone Number*:	02476 000222		
Setting Mobile Contact Number**:	07888 888888		
Contact Email Address*:	mandybell@warwickshire	.gov.uk	
*This will be used as the Early Years Entitlements ** The mobile number wi	main contact for the setting for Team, Early Years Business Si Il be used for deadline reminder	r ALL communications by: upport, Early Years Advisory T rs, updates and for out of hour	eam and FIS. s emergency contact.
All Providers must	have regard to the Sta	atutory Guidance for Lo	semergency 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	ered: quirements)		Yes	No
2 Year Old Funding - Disadvantag (Good / Outstanding providers only or n	ed 2 Year Olds Entitle ewly registered without gr	<b>ment</b> ading)		
3 & 4 Year Old Funding - Universa (Requires Improvement / Good / Outsta without grading)	I Entitlement nding providers only or ne	ewly registered		
<b>30 hour Working Parent Entitleme</b> (Requires Improvement / Good / Outsta grading)	ent for 3 & 4 Year Olds nding providers or newly r	registered without		
From April 2024, 15 hour Working (Requires Improvement / Good / Outsta without grading)	Parent Entitlement fo nding providers only or ne	or 2 Year Olds www.registered		L)
From September 2024, 15 hour W aged 9 months (Requires Improvement / Good / Outsta without grading)	orking Parent Entitlen nding providers only or ne	ent for children		

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	fered: equirements)		Yes	No
2 Year Old Funding - Disadvanta (Good / Outstanding providers only or )	ged 2 Year Olds Entitle newly registered without gr	ment ading)		
3 & 4 Year Old Funding - Univers (Requires Improvement / Good / Outst without grading)	al Entitlement anding providers only or ne	ewly registered		
30 hour Working Parent Entitlem (Requires Improvement / Good / Outst grading)	ent for 3 & 4 Year Olds anding providers or newly r	registered without		D
From April 2024, 15 hour Workin (Requires Improvement / Good / Outst without grading)	g Parent Entitlement fo anding providers only or ne	or 2 Year Olds ewly registered		Q
From September 2024, 15 hour V aged 9 months (Requires Improvement / Good / Outst without grading)	Vorking Parent Entitlen	nent for children		

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:		Position:	
Print Name:		Date:	07-Feb-2024   15:09 GM

e disadvar included	essing funding in this ntaged 2-year-olds enti within delivery lists that	seπing. For provider tlement, provider de at are shared with el	rs of all delivery types that offer etails and contact information will igible families.
understand ithdrawal o greement, o mescale.	that Warwickshire Co f funding should the s or to make required alt	unty Council will tak etting fail to meet th erations to its arrang	ke action which may result in the ne requirements set out in this gements within the notified
confirm the unding.	setting has put in pla	ce the requirements	to access Early Education
igned:	DocuSigned by: MBIL + TOCA8863A184F0	Position:	Manager
rint Name:	Mandy Bell	Date:	07-Feb-2024   15:12 GMT
		ell	

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 FJ	e Edit
O Mandy Bell - TEST	DocuSigned by: MBCU F10CA8863A184F0	B Edit
Paul Jones	Paul Jones FICARRENTIARED	s J 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 signature.		
* Required		
Full Name*		Initials*
Finley Jones		FJ
	-DS	
DocuSigned by:		
DocuSigned by:	21	
Finly Jones	FJ	
Finley Jones 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
DocuSigned by:	DS	

	DocuSigned by:		
Signed:	Finley Jones	Position:	Manager
Print Name:	Mandy Bell	Date:	07-Feb-2024   15:12 GM
Name of sett	Mandy Be	211	

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

enfirm your name, initials, and signature.	
and the second	
8 Name'	Initials'
Randy Ball	MB
LECT STYLE DRAW UPLOAD	
AW YOUR SIGNATURE	0
M.Boll	bond representation of my signature and initials for all purposes when I () are as a per-end-paper signature or initial.

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.

(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 - 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.	offer fund i within de ay result in at out in th e notified ducation F	ed 2 livery is unding.
Name of setting:		

#### 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 Occusion 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