

Date last updated: November 2017

Phone: 0116 305 5788

Email: FEEE@leics.gov.uk

#### Free Early Education Entitlement (FEEE) scheme - Change of circumstance

All childcare providers in receipt of the FEEE required to complete this form if any of the following circumstances occur:

Change of Ownership (B)

Change of Premises (C)

Change of Banking Information (D)

Change of Setting Name (E)

Change of Organisational Status (F)

Change to Academy Status (G)

Change of Committee Representative or Registered Person (H)

Change of Manager or Leader (I)

Closure/Withdrawal from the FEEE Scheme (J)

The form is divided into an initial section (A), along with the sections stated above (B-J) You are required to complete Section A and any other relevant sections pertaining to the change of circumstance. Any information that is incorrect must be amended in the space provided.

Please ensure that you submit any additional information that is required, guidance is given throughout the document to ensure the correct procedures are followed.

Information regarding the submission of the form can be found on the final page of this document.

If you require any assistance completing this form please telephone 0116 305 5788.

Yours sincerely,

Early Learning and Childcare Service

#### **Section A - Current Provider Details**

The following section details the current information recorded for your setting by the ELCS. Please ensure this information is correct and up to date. Any changes that need to be made in conjunction to a change of circumstance can be done so in the relevant section.

Prov	ider No. Setting Name:	
Addı	ress:	
Mair	Contact Number:	
Mob	ile Number:	
Ema	il Address:	
Ofste	ed URN:	Please note, the owner/representative is the person that is legally
Own	er/Representative:	responsible for the setting. This will be the person that has signed the provider agreement. For example the representative is the chairperson of the committee or a governor of the school.
Pleas	se select the following areas that are rele	vant to the changes occurring at your setting:
	Change of Ownership	Please ensure section B of the form is completed fully.
	Change of Premises	Please ensure section C of the form is completed fully.
	Change of Banking Information	Please ensure section D of the form is completed fully.
	Change of Setting Name	Please ensure section E of the form is completed fully.
	Change of Organisational Status	Please ensure section F of the form is completed fully.
	Change to Academy Status	Please ensure section G of the form is completed fully.
	Change of Committee Representative	Please ensure section H of the form is completed fully.
	Change of FEEE Admin/Manager/Leade	Please ensure section I of the form is completed fully.
П	Closure/Withdrawal from the FEEE	Please ensure section J of the form is completed fully.

## **Section B - Change of Ownership**

This section is only required if the setting is being sold to another person or company. This in most cases will require a new Ofsted registration.

## \*\*\* This section requires information and signatures from both the old and new owners. \*\*\*

Current Owner/Rep	presentative:			
Current Organisation	on Name:			
I/We declare that w Please enter date:	rith effect from the date	stated below I/we shall no loi	nger be the registere	ed owner/s of the stated setting.
Please give details	s of the new owners/re	presentative.		
Name of the New C	Owner/Representative:			
Title	Forename:	Surnan Job Titl		
New Organisation I	Name:			
Address	House Name/No. Street Town/Village County Postcode			
Have Ofsted been i	nformed of the change?	Yes	No	
If so, has a new reg	istration been granted?	☐ Yes ☐	No	
	New Ofsted URN			
returning this do Section D Chang Section F Chang	ocument to the ELCS	ation (including a copy of Status	·	te the following prior to
Please check this bo	ox to confirm that this co	ompany is registered with HR	MC	
Registered w		, , ,		
I/We also confirm	that this person has be ner/representative):		-	of the stated childcare provision. of the Children Act 1989, by Ofsted.  Date:
Signed (new owner	r/representative):			Date:
Print (new owner/r	epresentative):			

# **Section C - Change of Premises**

This section is only required if the setting is moving premises. This in most cases will require a new Ofsted registration.

Date effective fron	n			
New registered House Name/No.				
address	Street			
	Town/Village			
	County			
	Postcode			
The change of pre	mises has occurred for th	ne following reason:		
☐ Change of o	wnership	Lease has expired		
Previous bu	ilding condemned	Other (Please specify)		
	informed of the change?	Yes No		
If so, has a new reg	gistration been granted?	Yes No		
	New Ofsted URN			
I/We declare that	the address stated abo	ve will be the new address of the stat	ed childcare facility.	
Signed (owner/rep	presentative):		Date:	
Print (owner/repre	esentative):			

# **Section D - Change of Banking Information**

This section is relevant for existing settings that are changing bank accounts, or those settings undergoing a change of ownership which also requires banking information to be confirmed.

Please state the reason(s) why the bank account is changing.							
Name of Bank/Bui							
Branch Address	Street						
	Town/Village						
	County						
	Postcode						
Sort code		_					
Account Number							
Name of Bank Acc	count or Building Society	y Holder:					
Title	Forename:	Surn	ame:				
In order to process the change of banking information the following points must be adhered to:							
The dedicated ba	ank account must refer	ence the name of the setting	ng				
				bank state	ment with transac	tions	
Please attach evi	dence of your bank de	rence the name of the settine stails e.g. blank paying in sl count without this evidence	ip, blank cheque or	bank state	ment with transac	tions	
Please attach evi	dence of your bank de	tails e.g. blank paying in sl	ip, blank cheque or	bank state	ment with transac	tions	
Please attach evi	dence of your bank de	tails e.g. blank paying in sl	ip, blank cheque or	bank state	ment with transac	tions	
Please attach evi	dence of your bank de	tails e.g. blank paying in sl	ip, blank cheque or	bank state	ment with transac	tions	
Please attach evi	dence of your bank de	tails e.g. blank paying in sl	ip, blank cheque or	bank state	ment with transac	tions	
Please attach evi	dence of your bank de	tails e.g. blank paying in sl	ip, blank cheque or	bank state	ment with transac	tions	
Please attach evi	dence of your bank de	tails e.g. blank paying in sl	ip, blank cheque or	bank state	ment with transac	tions	
Please attach evi	dence of your bank de	tails e.g. blank paying in sl	ip, blank cheque or	bank state	ment with transac	tions	
Please attach evi	dence of your bank de	tails e.g. blank paying in sl	ip, blank cheque or	bank state	ment with transac	tions	
Please attach evi	dence of your bank de	tails e.g. blank paying in sl	ip, blank cheque or	bank state	ment with transac	tions	
Please attach evi	dence of your bank de	tails e.g. blank paying in sl	ip, blank cheque or	bank state	ment with transac	tions	
Please attach evi blanked out. We	dence of your bank de cannot set up your acc	etails e.g. blank paying in sl count without this evidence	ip, blank cheque or			tions	
Please attach eviblanked out. We	dence of your bank de cannot set up your acc	ion supplied is for use with	the ELCS. I/We have			tions	
Please attach eviblanked out. We	dence of your bank de cannot set up your acc t the banking informat confirmation of the ba	etails e.g. blank paying in sl count without this evidence	the ELCS. I/We have			tions	
Please attach eviblanked out. We	t the banking informat confirmation of the ba presentative):	ion supplied is for use with	the ELCS. I/We have	e enclosed		tions	

#### **Section E - Change of Setting Name**

This section is required if the name of the setting has changed. New name of the setting I/We declare that with effect from the date stated below, the setting will be known by the name stated above. Please enter date Have Ofsted been informed of the change? Yes No Is so, has a new registration been granted? Yes No New Ofsted URN Please state the reason(s) for this change to the setting name. Change of Ownership (Section B) Change of Organisational Status (Section G) Financial circumstances (Please give details) Change to Academy Status (Section H) Other (Please specify) In order to process a change of name the following must also be completed prior to returning this document to the ELCS: Section D Change of Banking Information (including a copy of a paying in slip) Section F Change of Organisational Status (if name changed due to structural change) I/We declare that the stated setting will now be known as the new setting name stated above. Signed (owner/representative): Date:

End of Section E

Print (owner/representative):

## **Section F - Change of Organisational Status**

This section is required when a setting has changed its company status. If the setting has a new owner, the change of ownership section (B) must be completed.

Pleas	e give details of the new organisat	onal	structure.								
New Ownership type: (Please select one option)											
	Sole Trader		Partnership (	Sole T	raders)						
	Limited Liability Partnership (LLP)		Limited Com	pany	(Ltd.)						
	Public Limited Company (Plc.)	Limited Company (Plc.) Co-operative (Coop)									
☐ Voluntary Management Committee											
	A Voluntary Management Committee (VMC) is the group that has ultimate legal reponsibility for a voluntary or community organisation's activities.										
Please	e state the registered number for the	comp	any if applicab	ole.							
Is the	company a registered charity?		Yes		No						
	stered charity is an organisation that is nittee members are known a Trustees.	regist	ered with the C	hariti	es Commi	ssion and	l has a ι	ınipue re	egistered	d charity	number.
New F	Representative (If applicable):										
Title	Forename:			Sui	rname:						
							-				
New (	Organisation Name:										
Have	Ofsted been informed?	П	Yes		No						
If so, h	nas a new registration been granted?		Yes		No						
	New Ofsted URN										
			'	J							
	ler to process this change of organ any representative is up to date.	isatio	n status, a pro	ovide	r agreem	ent may	be req	juired. I	Please	ensure t	hat the
I/We	declare that the stated setting has	chang	ged the organ	isatio	on status	as detail	led abo	ove.			
Signe	d (owner/representative):							Date:			
Print (	owner/representative):										
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tillt (owner/representative).										

End of Section F

# Section G - Change to Academy Status

This section is required for settings on a school site that have changed to academy status.

Current Owner/Representative:		
If the parent school has moved to acader please tick and sign the statement below	emy status however the Governors remain the legal entity of the setting ow.	
I/We declare that the stated setting has o	changed the to academy status however the legal entity remains the sai	me.
Signed (current owner/representative):	Date:	
Print (current owner/representative):		
Please complete the following questions	s if there has been any other changes including a change to the legal en	tity.
New Owner/Representative:		
Title Forename:	Surname:	
Contact Address House Name/No.		
Street		
Town/Village		
County		
Postcode		
Have Ofsted been informed of the change?	?	
If so, has a new registration been granted?	Yes No	
New Ofsted URN		
New Organisation Name:		
In order to process a change to academy	y where the legal entity has changed, the following information is requir	ed:
Section D Change of Banking Informatio	on (including a copy of a paying in slip)	
	be engaged as the new owner/representative of the stated childcare pro een registered as a 'fit person' under the terms of the Children Act 1989,	
Signed (owner/representative):	Date:	
Print (owner/representative):		

End of Section G

## Section H - Change of Committee Representative or Registered Person

This section is required for settings that are run by a committee or board of trustees and/or where the representative has changed. This is the person that will sign the FEEE Provider Agreement.

Current Rep	presentative	e/Register	ed Person:										
Job Title:													
Home Add	ress Hou	use Name	e/No.										
	Stre	eet											
	Tov	vn/Village	9										
	Cou	unty											
	Pos	tcode											
									•				
Please give	e details of	the new	representa	itive.									
New Repre	sentative:												
Title	For	ename:					Surname:						
Job Title as	sociated wit	th role (e.	g. chair per	son):									•
Contact Ad	ldress Hou	use Name	e/No.										
	Stre	eet											
	Tov	vn/Village	9										
	Cou	unty											
	Pos	stcode											
	ed been infor new registra N		n granted?		Yes Yes		☐ No ☐ No						
		f applicat	ole) erson will k										
	rrent owner			- in reg	,.screu	aju II	. person ur	iaci tile t		Date:	aren A	CC 1707, D	, orstea.
Print (curre	ent owner/re	presenta	tive):										

#### Section I - Manager or leader

This section requires the contact details of the person responsible for the administration of the FEEE.

The person stated in this section will be the ELCS first point of contact when dealing with FEEE administration.

Please give details if you have a change of setting manager or leader.

Please stat	te the name of t	he previous FEEE	administrator/manager/leader that is being replaced:						
Title	Forena	ame:	Surname:						
Job Title:									
Did this pe	Did this person have a Provider Portal account?								
If Yes, do you want to close this account?									
If Yes, please provide details for your new Provider Portal user:									
Name: Associated email address:									
Name of th	he FEEE adminis	strator of the regi	stered setting:						
Title	Forena	ame:	Surname:						
Job Title:									
Home Add	dress House	Name/No.							
	Street								
	Town/	Village							
	Count	у							
	Postco	ode							
Main Cont	act Number:								
Mobile Nu	mber:								
Email Add	ress:								
Name of th	he manager/lea	der of the registe	ered setting:						
Title	Forena	ame:	Surname:						
Job Title:		<u> </u>							
Home Add	dress House	Name/No.							
	Street								
	Town/	Village							
	Count	у							
	Postco	ode							
Main Cont	act Number:								
Mobile Number:									
Email Add	ress:		,						
	are that the abo ted childcare p		be engaged as the FEEE administrator/manager/leader						
	irrent owner/rep		Date:						
3 . (22	- · -r	-,-							
Print (curre	ent owner/repre	esentative):							

End of Section I

#### Section J - Closure/Withdrawal from the FEEE Scheme

This section is required for settings that have been de-registered by Ofsted or have ceased trading.

Please give the reason(s) for the withdrawal in the space below.						
I/We declare that the stated setting would below.	ike to withdraw from the directory of validated pro	oviders with effect from the date				
Please enter date						
	ling as an early education and childcare provid S of any administered funding that has not bee 'ceased trading' date.					
Signed (current owner/representative):		Date:				
Print (current owner/representative):						

End of Section J

#### **Submitting the Change of Circumstance Form**

Changes made within the document require a signature from the owner/representative.

If this form has been sent as a PDF file, information can be entered directly onto the PDF. However you will be required to print the form and sign to confirm any completed sections. The form can be printed by clicking the 'Print' icon below.

If you would prefer to fill the form out by hand, please use the 'Print' icon to print the form and complete the relevant sections.

Please ensure all the required information has been completed and enclose any relevant documents when returning.

Please return to the following address:

F.A.O. Josh Gamble Room 100a, Early Learning and Childcare Service County Hall Glenfield Leicestershire LE3 8RA