

Free Early Education Entitlement (FEEE) - Change of Circumstance (CofC) Form

All FEEE providers are required to complete this form if any of the following changes have occurred (or will shortly be taking place).

Please tick the relevant sections that apply to your setting, then complete those sections on the form, along with *section A* which must be completed by all settings.

A	Setting Details (Mandatory)	<input checked="" type="checkbox"/>
B	Change of Ownership	<input type="checkbox"/>
C	Change of Premises	<input type="checkbox"/>
D	Change of Banking Information	<input type="checkbox"/>
E	Change of Setting Name	<input type="checkbox"/>
F	Change of Organisational Status	<input type="checkbox"/>
G	Change of Committee Representative	<input type="checkbox"/>
H	Change of Provider Portal User	<input type="checkbox"/>
I	Closure/Withdrawal from FEEE	<input type="checkbox"/>

Please read the form carefully. Guidance is provided throughout to ensure that you supply the necessary information enabling us to update our databases with the changes you have specified.

You must also ensure that any supplementary evidence required to process these changes is supplied alongside this completed form. If additional evidence is (needed /required), it will be outlined in the section(s) you complete. If the form is completed incorrectly and/or the necessary evidence not attached, it will delay the changes being administered.

Once completed, please email the form and supplementary evidence (if applicable) to: feee@leics.gov.uk. Please use the subject heading of '**Completed CofC form**' to enable us to action your changes as quickly as possible.

Please note that changes to banking information can take up to 6 weeks to process. Please do refer to the payment dates outlined in our [FEEE calendar](#) to ensure we change your details at a suitable point in the schedule and avoid any disruption to a future FEEE payment.

Section A) Setting Details (of the current provider)

Setting Unique Identifiers

Setting name:	Ofsted URN:
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Setting Address

Ofsted registered address (including Postcode):	

Setting Contact Details

Main Contact Number:	
Mobile Number:	Email Address:

Name of owner/legal representative

Owner/Legal Representative:	
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Please note, the owner/legal representative is the person that is legally responsible for the setting. This will be the person that has signed the Provider Agreement, e.g. Director/or Directors (Limited Company), Chair of Trustees (Registered Charity VMC or Company Limited by Guarantee), Chair of Governors (Schools), Chair of Committee (VMC), or Owner (Sole Trader/Childminders).

Section B) Change of Ownership

This section is required if the current setting is being sold to another person or company. If the new owner has a new Ofsted registration number, they will need to complete a FEEE application form, which can be found via the following link:

https://resources.leicestershire.gov.uk/sites/resource/files/field/pdf/2017/12/19/FEEE_Application_2017_Nov.pdf

Current Setting - Proposed Resignation Date with Ofsted:	
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Has Ofsted been notified of the change?: Yes/No	If yes, please specify date of notification:
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New Setting – Proposed Active Registration Date with Ofsted:	New Setting – New Ofsted registration number if applicable:

Please give details of the new owner/legal representative:

New Owner/Legal Representative Name:	New Owner/Legal Representative Contact Phone Number:

Please note, that any outstanding debts will be invoiced and sent to the current owner/legal representative's home address. Please supply their home address below:

Current owners/legal representative Home Address, including Postcode:	

Current owners/legal representative Contact Phone Number:	Current owners/legal representative Email Address:

Current Owner/Legal Representative's Signature:	
Current Owner/Legal Representative's Printed Name:	
Date:	

Section C) Change of Premises

This section should only be completed if the setting is moving premises.

New Ofsted Registered Address, including Postcode:	

Date effective from:	
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Has Ofsted been informed of the change?:	
If yes, please specify date of notification:	
If so, has a new Ofsted registration number been granted?:	
New Ofsted URN (if applicable):	

Please note, for the local authority to update your address details, we require one of the following documents to be attached to this form that **states the new address**. Failure to do this, will delay your future FEE payments.

- **Bank Statement** (the evidence needs to show a date within the last 3 months)
- **Utility Bill** (the evidence needs to show a date within the last 3 months)

Owner/Legal Representative's Signature:	
Owner/Legal Representative's Printed Name:	
Date:	

Section D) Change of Banking Information

This section should only be completed by existing settings that need to notify us of their new banking information.

Name of Bank / Building Society:	
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Branch Address, including Postcode:	

Account Name of Bank Account or Building Society:	
Account Number:	Sort Code:

Owner/Legal Representative's Date of Birth (required so the local authority can carry out a security check):	
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Please note, for the local authority to update your account details, we require the following banking information to be attached to this form (failure to do this, will delay your future FEEE payments):

- **Bank Statement** - this should be dated within the last 3 months and clearly state the account name, account number and sort code. This can be a screenshot from internet banking, but the writing must be clearly legible. The statement also needs to state the name and address of the setting, to comply with fraud checks undertaken by the local authority.
- If you have a 'Trading As' bank account, we also require a letter headed document from the company/organisation, with the full trading name, address and bank details included.

Owner/Legal Representative's Signature:	
Owner/Legal Representative's Printed Name:	
Date:	

Section E) Change of Setting Name

This section is required if the setting name has changed.

New Name of the Setting:	
Date name change is effective from:	

Has Ofsted been informed of the change?:	
If yes, please specify date of notification:	
If so, has a new Ofsted registration number been granted?:	
New Ofsted URN (if applicable):	

Please state the reason(s) for the change to the setting name:	
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Please ensure that you complete any other relevant sections, for example, banking information (Section D) if applicable.

Owner/Legal Representative's Signature:	
Owner/Legal Representative's Printed Name:	
Date:	

Section F) Change to 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.

Please give details of the new organisational structure (please tick one option):

Sole Trader	
Partnership (Sole Traders)	
Limited Liability Partnership (LLP)	
Limited Company (Ltd.)	
Public Limited Company (Plc.)	
Co-operative (Coop)	
Voluntary Management Committee (VMC*)	

**A VMC is the group that has ultimate legal responsibility for a voluntary or community organisation's activities.*

Please state why this change has occurred:	
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Has Ofsted been informed of the change?:	
If yes, please specify date of notification:	
If so, has a new Ofsted registration number been granted?:	
New Ofsted URN (if applicable):	

Owner/Legal Representative's Signature:	
Owner/Legal Representative's Printed Name:	
Date:	

Section G) Change of Committee Representative or Registered Person

This section requires information about the registered owner or representative of the organisation, as detailed in Section A.

At least one owner or representative must be given. This person will be responsible for signing the Provider Agreement, a legal document on behalf of the registered company.

The registered legal entity should be a Director/or Directors (Limited Company), Chair of Trustees (Registered Charity VMC or Company Limited by Guarantee), Chair of Governors (Schools), Chair of Committee (VMC), or Owner (Sole Trader/Childminders).

Current Representative/Registered Person:	
Home Address, including Postcode:	

Person 1:

Name of the New Representative/Registered Person:	
Job Title:	
Home Address, including Postcode:	
Contact Phone Number:	Contact Mobile Number:
Email Address:	
New Representative/Registered Person Signature:	
Date:	

Person 2 (if applicable):

Name of the New Representative/Registered Person:	
Job Title:	
Home Address, including Postcode:	
Contact Phone Number:	Contact Mobile Number:
Email Address:	
New Representative/Registered Person Signature:	
Date:	

Section H) Change to Provider Portal User

This section requires the contact details of the staff requiring access to the Provider Portal, who will have responsibility for completing the headcount/amendment tasks/2-year eligibility checks/verification of the 30 hour codes.

A maximum of 2 staff per setting can be Provider Portal users. Please enter the details of both nominated persons, if applicable, to ensure that the local authority has the most up to date information and that any previous staff members who did have access can have their accounts deactivated.

Please note that when providing email addresses, we would recommend personal work email addresses.

	Name of your Nominated Person(s):	Associated Email Address:
1		
2		

Owner/Legal Representative's Signature:	
Owner/Legal Representative's Printed Name:	
Date:	

Section I) Closure / Withdrawal from FEEE

This section is required for settings that have been de-registered by Ofsted, are planning on ceasing trading or no longer wish to be part of the FEEE directory of validated providers.

Please state the reason(s) for the withdrawal from FEEE in the space below:

Proposed/Confirmed Withdrawal Date:

Please note, that any outstanding debts will be invoiced and addressed to the owner/legal representative's home address. Please provide the details below:

Name of Owner/Legal Representative:	
Home Address, including Postcode:	
Contact Phone Number:	Contact Mobile Number:
Email Address:	
Name of Owner/Legal Representative Signature:	
Date:	

As you may be aware, there is currently a national recruitment crisis, and therefore it is imperative that experienced/qualified practitioners are retained in the sector where at all possible.

I/We declare that the change of circumstances will effect the working hours/contracted hours of the/some staff and would therefore welcome support from the Workforce Improvement Advisor to support these staff to find alternative or additional hours within the early years sector in Leicestershire.

The Workforce Improvement Advisor will be sensitive to your needs and any communications will remain confidential between the WF Improvement Officer and your named individual.

I/We confirm that by signing this section of the form the employee(s) listed below have given their consent for me/us to share their contact numbers and email addresses with the WF Improvement Advisor. These individuals will only be contacted by the WF Improvement Advisor regarding recruitment within the Early Years Sector:

Owner/Managers Signature:	
Owner/Managers Printed Name:	
Date:	

I/We request the WF Improvement Advisor contacts the employees on the contact numbers / email addresses provided below:

Name:	Mobile Number:	Email address: