

Provider Portal User Access Form

Nomination of Access to the Funding Section of the Provider Portal for New Providers

or

Staff Leavers and Starters (for current contracted providers)

All New Providers should complete Section 1 only

Childminders who work alone must complete the User Access Form to nominate themselves as the authorised person.

Childminders **cannot** nominate non-employees, such as friends or family members to access the Provider Portal to input children's data and census data.

If your setting is already contracted and notifying the team of a member of staff starting/leaving the setting, please complete Section 2 only.

SECTION 1 – NEW Providers (Groupcare Providers should consider 2 nominees)

Provider / childminder Name	
Provider / childminder Ofsted Unique Reference Number (URN)	
Provider Email Address	

1st Nominated person's name		2nd Nominated person's name	
Position		Position	

We provide a **Texting Service** to notify Providers when the Provider Portal is Open/Closed.

If you wish to receive updates, please let us know of you your mobile number in the relevant box below.

TEXTING SERVICE MOBILE NUMBER		TEXTING SERVICE MOBILE NUMBER	
Contact Number		Contact Number	
Nominee Email Address (as your password will be sent via email, please ensure this is a personal email address which only you have access to and one not already in use for accessing the portal).		Nominee Email Address (as your password will be sent via email, please ensure this is a personal email address which only you have access to and one not already in use for accessing the portal).	
For Service Purposes Please confirm whether this person already has access to the Provider Portal for Families Information		For Service Purposes Please confirm whether this person already has access to the Provider Portal for Families Information	

PERSON(s) COMPLETING THIS FORM

I acknowledge that I have the rights of access to the funding section of the Provider Portal in order to supply and retrieve information for Early Years Entitlement Funded children and other associated payments.

I will comply with the principles of the General Data Protection Regulations, Data Protection Act 2018:-

- only use the information provided for the purposes shown above.
- hold any information obtained from the above system securely.
- not disclose any personal or confidential information obtained via this system to anyone, unless authorised to do so by the Local Authority.
- will **NOT** share the passwords provided with any other person.

Failure to comply with the above will result in withdrawal of service and may result in civil or criminal action against individuals responsible for non-compliance under relevant data protection legislation.

	Signature	Date
1 st Nominated Person		
2 nd Nominated Person		

AUTHORISED PERSON GIVING PERMISSION FOR ACCESS – please complete the box below.

Groupcare: - Authorised Person completing must be either e.g. Committee Member/ Director/ Owner/ Trust / Director for Academy.

Childminders: - Please nominate yourself as the Authorised Person.

Name		Contact Number	
Position		Email Address	
Date		Signature	

SECTION 2 – CURRENT CONTRACTED PROVIDERS (Staff Leavers and Starters)

Provider Name		Provider Email Address	
Ofsted Unique Reference Number (URN)		Date	

Details of Leaver (if applicable)

Name		Email Address	
Date Left			

PERSON(s) COMPLETING THIS FORM

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Failure to comply with the above will result in withdrawal of service and may result in civil or criminal action against individuals responsible for non-compliance under relevant data protection legislation.

Details of Starter

Name		Contact Number	
Position		Nominee Email Address (as your password will be sent via email, please ensure this is a personal email address which only you have access to and one not already in use for accessing the portal).	
Signature		Date	

AUTHORISED PERSON GIVING PERMISSION FOR ACCESS – please complete the box below.

Groupcare: - Authorised Person completing must be either e.g. Committee Member/ Director/ Owner/ Trust / Director for Academy

Name		Contact Number	
Position		Email Address	
Signature		Date	

Please return this form to the relevant email address:

cs.enquiries.childminders@derbyshire.gov.uk

cs.enquiries.groupcare@derbyshire.gov.uk

cs.enquiries.schools@derbyshire.gov.uk