**Provider Portal Access Request Form**

Please complete and return this form to: [eyfel.census@sheffield.gov.uk](mailto:eyfel.census@sheffield.gov.uk)

Please ensure that all areas of the form are completed in block capitals

1. **Provider Details**

|  |
| --- |
| Name of Childcare Provision: ……………………………………………………………………………… |
| Address of Childcare Provider: ……………………………………………………………………………    …………………………...……………………………………………………………………..  Postcode: ………………………………………………………………….……………………………… |
| Tel: …………....................... E-mail: ……………….…………………………………………………………. |
| Ofsted Registration Number: …………………………………………………………………………… |
| **Contact details of the person Sheffield City Council will liaise with on matters relating to the termly FEL headcount census returns and payments.** |
| Person’s name: ……………………...…………………………………………………………………………..  *(if different from above)* |
| Contact address: ………………………………………...………………………………………………………..  *(if different from above)*  …………………………………………………………………………………………………. |
| Tel: …………....................... E-mail: ……………….…………………………………………………………. |

1. **Sheffield Provider Portal**

The Sheffield Provider Portal is a web based portal to enable providers in Sheffield to submit data to Sheffield City Council’s Performance & Analysis Service (PAS) securely online.

By completing this form you are requesting and authorising access to the Sheffield Provider Portal for the individual detailed in the section ‘Person Requiring Access’. This form is to be completed by those persons authorised to provide and authenticate information on behalf of the organisation / childcare business as well as by the individual for whom access is being requested.

If more than one person requires access to the portal in your setting or a person is responsible for completing headcount returns for a number of settings please photo copy pages 2 – 3 and return a separate form for each ‘Person Requiring Access’ and/or each childcare provision.

|  |  |  |  |
| --- | --- | --- | --- |
| Person Requiring Access | | |  |
| First Name |  | | |
| Surname |  | | |
| DOB:  (your DOB will only be used as a security question) | | Gender: Female Male  *Please circle.* | |
| Email Address  This is the email address that will be used for the purposes of the ‘Sheffield Provider Portal’.Please note that email addresses with shared / group access are not allowable. | |  | |

Person Requiring Access Declaration

I declare that the information that I have provided is accurate and that I am aware of the requirement to notify the Performance & Analysis Service immediately of any changes which may affect the appropriateness of my access to the Sheffield Provider Portal.

I will hold the information in the strictest confidence and will not to disclose any information I have been given access to or been provided with (this includes verbal information) to any third party, this also includes passwords/login.

I understand that by allowing the release of the information to third parties not connected to my work will result in a breach of the Data Protection Act, under Section 55, whereby I will be personally liable for any claims and/or criminal investigations as a result of that breach.

Signed: …………………………………………….. Print Name: ………..………………………………

**Dated**: ……………………………………………..

|  |  |  |
| --- | --- | --- |
| Authorisation of the Provider details and Request for Access | |  |
| Legal Name of Organisation *(if applicable)* |  | |
| Legal Address of Organisation *(if this differs to the address given in section1)* |  | |
| Full Name of Person Authorising Request |  | |
| Position in Organisation |  | |

**Provider Authorisation and Declaration**

I declare that I am legally authorised to provide and authenticate information on behalf of the organisation and the information that I have provided is accurate.

I declare the information that is provided in this form is accurate as of the date below to the best of my knowledge

I am aware that by signing this declaration I am requesting access to the Sheffield Provider Portal for the person named in section above ‘Person Requiring Access’ for the named childcare provision

I declare that the organisation will notify the Performance & Analysis Service immediately of any changes including any changes that affect the appropriateness of the person for whom access to the Portal is being requested (e.g. change in responsibilities, person with access has left the organisation etc.).

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see [https://www.sheffield.gov.uk/your-city-council/policy--performance/the-progress-we-are-making/data-matching.html](https://www.sheffield.gov.uk/your-city-council/policy--performance/the-progress-we-are-making/data-matching.html%20)

Signed: …………………………………………….. Print Name: ………..………………………………

Dated: ……………………………………………..