

EARLY YEARS SINGLE FORMULA FUNDING – MID-TERM PAYMENT ADJUSTMENT FORM

Provider name _____

Funding Period _____

Provider URN _____

Late Starters (refer to Guidance Notes available on the Wiltshire Council website before completing this section)

Date started	Name of previous setting (if known) & reason for leaving (if applicable)	Surname	First Name	Date of birth	M/ F	Postcode	Funded weeks to be claimed	UNIVERSAL hours per week to be claimed	EXTENDED hours per week to be claimed	Total funded hours for funding period

Early Leavers (refer to Guidance Notes available on the Wiltshire Council website before completing this section)

Date left	Name of previous setting (if known) & reason for leaving	Surname	First Name	Date of birth	M/ F	Postcode	Funded weeks to be returned	UNIVERSAL hours per week to be returned	EXTENDED hours per week to be returned	Total funded hours for funding period

Name _____

Signature _____

Date _____